



RESOURCE AND PATIENT MANAGEMENT SYSTEM

**PHARMACY POINT OF SALE
(ABSP)**

USER MANUAL

**Version 1.0
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**Information Technology Support Center
Division of Information Resources
Albuquerque, New Mexico**

PREFACE

The Pharmacy Point of Sale module does electronic billing for outpatient pharmacy. It also interfaces to various Accounts Receivable packages.

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1. INTRODUCTION

The User Manual for the Point of Sale Application(POS) is intended to guide you through the process of submitting your pharmacy claims as well as act as a reference to help you get started in setting up the POS system to your specifications. It will also serve as a quick reference as you gain expertise in the use of POS. Submitting claims through POS should become a comfortable task for you within a short time frame.

You are already familiar with the goals and business solutions offered by the POS system. The goal of this manual is to help you and your staff derive the benefits of using the POS system in a rapid manner. The user friendly features of the POS system will aid you in becoming an expert user.

The User Manual is divided into five sections.

1. User Menu
2. Manager Menu
3. Billing Menu
4. Reports Menu
5. Statistics and Miscellaneous

The first section, “User Menu” discusses the basic elements of submitting pharmacy claims to insurers through the POS system. All users need to be familiar with this section of the manual. Appendix A contains a list of rejection codes and reasons and will be a necessary reference as you begin to use the POS system.

Section two, “Manager Menu” details the procedures and setup features that would require management level decision-making. All users need to be familiar with the functions of the Manager Menu, although access to the menu should be limited.

In section three, “Billing Menu,” the interface with Third Party Billing and Accounts Receivable is explored. The pharmacy and the billing department need to make some decisions on who is responsible for certain billing and research processes at the site. Appendix C provides some examples of insurer explanation of benefits (EOBs) sent in response to POS claims.

Section four is devoted to the “Reports Menu.” Reports can be accessed from the User, Manager, and Billing menus so all users have the ability to create all reports discussed in the manual. Appendix B provides examples of some.

The fifth section, “Statistics and Miscellaneous” instructs on the use of the statistics screen. The statistics screen is mainly designed as a POS management tool. In addition to information regarding the statistics screen, you may wish to add other information concerning the POS system in this section of the manual.

Appendix D is a copy of the Configuration Survey for your reference. You may want to place a copy of your completed survey in Appendix D for future inquiries into the setup of your POS system. You may need to refer to it if you call the RPMS Support Center.

Appendix E is only applicable for sites for are running a background scan. If you are such a site, this section gives you information regarding the options on the background menu.

2. USER MENU

The User Menu allows you to submit, resubmit or reverse claims. You may also edit and print data. A variety of reports and surveys can be accessed to help you manage your Point of Sale (POS) process. The *Pharmacy POS User Menu* is accessed from the core menu shown in Figure 1.

```
U      Pharmacy POS User Menu ...
MGR    Pharmacy POS Manager Menu ...
BILL   RX Point of Sale Billing Menu ...
RPT    Pharmacy electronic claims reports ...

Select Pharmacy Point of Sale Option:
```

Figure 1: Core Menu

Select the “U” option to access the User Menu shown in Figure 2:

```
*****
*          PHARMACY POINT OF SALE V1.0          *
*          MT EDGE CUMBE HOSPITAL                *
*          Pharmacy POS User Menu                *
*****

U      Claims data entry screen...
RPT    Pharmacy electronic claims reports ...

Select Pharmacy POS User Menu Option:
```

Figure 2: User Menu

2.1 CLAIMS DATA ENTRY SCREEN

The main Pharmacy POS screen shows all of your patients and prescriptions that have been active in the past fifteen minutes (see **NOTE** below). Selection of option “U” on the User Menu produces the screen displayed in Figure 3.

NOTE: The time frame is customizable. Use the EV option, described in the next section.

```

PHARMACY POINT OF SALE          Nov 12, 1999 14:30:04          Page: 1 of 1
Transmitted by BARDEN,JARED
With activity in the past 15 min

#          PATIENT/PRESCRIPTION          COMMENTS
1  done MING,ELLA MAE          ** FINISHED **  unbillable  *
2          COTRIMOXAZOLE SS TAB          no insurance native beneficiary
3  done WINSON,JAMES          ** FINISHED **  1 payable * 1 rejected *
4          AMOXICILLIN 250MG/5ML          payable
5          MIRACLE BALM 10G          rejected: (87) not covered by plan

Enter ?? for more actions
>>>
NEW  Send new claims          DIS  Dismiss patient          RCA  Request cancellation
CU   Continuous update        SP   Print single patient  REV  Reverse a paid claim
UD   Display Update           PA   Print all          RES  Resubmit a claim
EV   Edit view screen         LOG  Print claim log      REC  Print receipt/DUR
data
Select Action:Quit//

```

Figure 3: Claims Data Entry Screen

Screen elements from left to right can be described as follows:

- **Line Number:** You need the line numbers when using functions such as “REV” (Reverse a Paid Claim) and “LOG” (Print Claim Log).
- **The % completed or the word "done" next to patient names:** In this example, both claims have been processed, so both patient records are marked as “done.”
- **The patient’s name:** The prescription(s) are shown below each name.
- **The comments:**
 - On the patient line, the comments section summarizes the results of all of the patient’s prescriptions. Observe that on the second patient in this example (line 3), the summary says that one claim was paid and the other was rejected.
 - On the prescription line, the comments section tells specifically what happened to that prescription.
 - On line 2, we see that the patient had no insurance information and that she is a native beneficiary. If you know that the patient does have insurance, have the coverage updated in RPMS Registration and then use the “RES” option to resubmit the claim.
 - On line 4, we see that the claim for Amoxicillin was accepted and it will be paid. If you need to reverse the claim, use the “REV” option.

- On line 5, we see that the claim for Miracle Balm was rejected and the reason for rejection is shown. Sometimes rejected claims can be turned into payable claims by changing data. Perhaps the insurance group number is wrong (registration) or a smaller quantity might be covered by insurance (pharmacy). If the prescription was refilled too soon, perhaps it will be payable in a few days.

Several commands are shown in the menu at the bottom of the screen. They are explained in Section 2.3.

To exit from this screen, use the command “Q” (Quit). The “Quit” command is what is known as a “hidden command” in a ListManager screen.

2.2 SUBMITTING CLAIMS TO THE POINT OF SALE SYSTEM

The “NEW” option displays a ScreenMan data entry screen for entering claims. When to use the “NEW” option depends on how the Point of Sale system is configured. Refer to Section 2.8 for a detailed discussion. The POS system will be configured to send claims either automatically (see section 2.2.1) or automatically through a background job (see section 2.2.2), depending on how your site is set up.

2.2.1 Automatic RPMS Pharmacy Package Claims Submission

(This is the preferred RPMS POS method for submitting claims.)

If your RPMS Pharmacy package sends claims automatically, your POS system will be configured in the manner detailed below.

- Every time you enter or edit a prescription in the RPMS Pharmacy package, the claim is automatically submitted to Point of Sale. No further action is necessary. Edits may also cause a previous claim to be reversed before being resubmitted.
- If, in RPMS Pharmacy, you marked the prescription for Manual Bill, you may use the “NEW” option to enter the claim in Point of Sale.
- When you edit/delete/return to stock a prescription in the RPMS Pharmacy package, a claim reversal is automatically submitted through Point of Sale. No further action is necessary.
- Use “UD” (Update the Display) or “CU” (Continuous Update) to monitor the progress and results of claims and reversals.
- On occasion, you might use the “NEW” option to submit a claim, if neither the “RES” Resubmit option nor the RPMS Pharmacy Edit are appropriate.

2.2.2 Automatic Point of Sale Background Claims Submission

*(This is an RPMS POS feature but **not** the preferred method for submitting claims.)*

If your Point of Sale system sends claims automatically through a background job, your POS system will be configured in the manner detailed below.

- Every time you enter a prescription in the RPMS Pharmacy package, the claim is automatically submitted to Point of Sale. **No further action is necessary.**
- Prescription edits in RPMS Pharmacy have no effect on Point of Sale. You may need to manually reverse (“REV”) and create a (“NEW”) claim if there is a material difference, such as quantity dispensed.
- Every time you return-to-stock a prescription in the RPMS Pharmacy package, a claim reversal is automatically submitted through Point of Sale. **No further action is necessary.**
- If you cancel a prescription in the RPMS pharmacy package without doing a return-to-stock, the prescription must be manually reversed (“REV”).
- Use “UD” (Update the Display) or “CU” (Continuous Update) to monitor the progress and results of claims and reversals.
- On rare occasions, you might use the “NEW” option to submit a claim.

2.2.3 Manual Point of Sale Data Entry Claims Submission

If your Point of Sale system requires manual data entry, your POS system will be configured to enter and submit claims through the “NEW” option. Review Figure 4, the “NEW Send new claims” screen. A detailed description of the process can be found in Section 2.8, New Send New Claims.

Ask Insurance? NO	+-----+	<PF1> E when done, to file claims
Ask Preauth #? NO	PHARMACY	<PF1> Q to quit without filing claims
Ask Qty/Price? NO	POINT OF	<PF3> insert/overstrike modes
Ask Fill Date? NO	SALE	<PF4> to go back one field
Ask Overrides? NO	DATA ENTRY	Arrow keys may be used, too
	+-----+	

Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - - - Fill Date

1 _____

2

3

4

5

6

7

8

9

COMMAND: Press <PF1>H for help Insert

Figure 4: NEW Send New Claims Screen

2.3 DESCRIPTION OF OPTIONS ON THE PHARMACY POS SCREEN

NEW = Send new claims: This option is discussed in Section 2.2, Submitting Claims to the Point of Sale System.

CU = Continuous update: This option updates the screen repetitively, once about every fifteen seconds. You can watch claims processing on their way from 0% to 100% complete on this screen. Press the “Q” key ("quit") to stop the continuous update function.

UD = Update the Display: Similar to “CU” above, this option updates the screen with the latest information about patients' prescriptions and their progress through the claims processing. The difference is the screen will only update once and you will go back to the menu. This is the default prompt upon entering the module.

EV = Edit View Screen: Use this option to change the selection of claims displayed on the data entry screen. You can vary the display based on user (who entered the prescriptions and claims) or patient.

- **One User:** Identify the user. You may also change the parameters that control how long a completed transaction remains on the screen and how long between updates during the “CU” Continuous Update mode.

Select Action: EV Edit view screen

Display for 1:One user or 2:All users or 3:One
patient? : (1/2/3): 1// 1 One user

Select POS user: YOURNAME,HERE// SOMEONE,ELSE

Enter the number of MINUTES, the length of time that
completed transactions will be retained on the screen.

Retention time: 15//

Enter the number of SECONDS between updates when the
display is in CONTINUOUS UPDATE MODE.

Seconds between updates: 15//

- **All Users:** The prompt to select a user is absent since data from all users will be displayed. All other processes are the same.
- **One Patient:** Identify the patient by keying in name, partial name or chart number. In the case of partial name, FileMan will present a list of patients to choose from. If you enter a chart number, you may be presented with a list of visits for the patient from which you will need to select one visit. You may also choose how many historical days to look for this patient's claims. The data entry screen is then updated with the prescriptions, the transaction date, and the fill date (see Figure 5). This feature is useful if you need to reverse or resubmit old claims.

Select Action: EV Edit view screen

Display for 1:One user or 2:All users or 3:One
patient? : (1/2/3): 1// 3 One patient

Prescriptions for which patient? SMITH,DELLA G

Enter the number of DAYS to go back to find
Point of Sale activity for SMITH,DELLA G

Number of days: 30//

```

PHARMACY POINT OF SALE      Nov 16, 2000 08:13:21      Page:   1 of   1
All prescriptions for patient SMITH,DELLA G
With activity in the past 30 da

#      PATIENT/PRESCRIPTION      COMMENTS
1  done SMITH,DELLA G              ** FINISHED ** ALL not electronic **
2      CIMETIDINE 400MG TAB      OCT 28@13:33, FILL OCT 10@ No insurance,Native b
3      ESTROGENS, CONJ. 1.25M    OCT 28@13:33, FILL OCT 10@ No insurance,Native b
4      MEDROXYPROGESTRONE 10M    OCT 28@13:33, FILL OCT 10@ No insurance,Native b
5      MULTIVIT W/MINERALS &     OCT 28@13:33, FILL OCT 10@ No insurance,Native b

```

Figure 5: Point of Sale Activity for a Patient

2.4 SELECTING PATIENTS AND CLAIMS TO DISMISS/PRINT/CANCEL/REVERSE

The POS screen in Figure 6 will be used as an example in the discussions of section 2.4.

```

PHARMACY POINT OF SALE      Nov 16, 2000 05:36:50      Page:   1 of   2
All prescriptions
With activity in the past 15 min

#      PATIENT/PRESCRIPTION      COMMENTS
1  done ANDERSON,ROBERT          ** FINISHED ** not electronic **
2      BECLOMETHASONE NASAL I    No insurance,Native ben.[Previously: Reversed pa
3  done DEMETRIUS,TIMOTHY CHAR  ** FINISHED ** not electronic **
4      IBUPROFEN 400MG TAB      No insurance,PENDING VERIFICATION,INDIAN/ALASKA
5  done HANLEY,ELLEN GRACE      ** FINISHED ** BOTH not electronic **
6      FUROSEMIDE 20MG TAB      No insurance,Native ben. (1075818.00001)
7      POTASSIUM CHLORIDE 10M    No insurance,Native ben. (1075819.00001)
8  done HOSMER,JERRI E          ** FINISHED ** not electronic **
9      NORETHINDRONE 0.35MG T    No insurance,Native ben. (1018313.00011)
10 done MURPHY,MARY MARGARET    ** FINISHED ** 1 rejected *1 not electronic **
11      HYDROCORTISONE 1% OINT   No insurance,Native ben. (1075812.00001)
12      AQUAPHILIC OINT         Rejected(68:FILLED AFTER COVERAGE EXPIRED,40:PHA
13 done NUGENT,ARTHUR CULVER    ** FINISHED ** not electronic **
+      Enter ?? for more actions                                >>>
NEW  Send new claims      DIS  Dismiss patient      RCA  Request cancellation
CU   Continuous update    SP   Print single patient  REV  Reverse a paid claim
UD   Update the display   PA   Print all          RES  Resubmit a claim
EV   Edit view screen     LOG  Print claim log    REC  Print receipt/DUR data
Select Action:UD//

```

Figure 6: Claims Data Entry Screen

Selecting Claims by Line Number: Several options ask you to identify claims and patients by line number. These are the line numbers in the leftmost column. When you see the prompt

Select item(s): (1-13):

You may respond with:

- A single line number. Example - Select item(s): (1-13): **4**

- A list of line numbers. Example - Select item(s): (1-13): **1,3,7**
- A range of line numbers. Example - Select item(s): (1-13): **8-10**
- Combinations of the above.

DIS = Dismiss Patient: If a patient's prescriptions have finished processing and you want to remove the patient's information from your screen without waiting for the fifteen minutes, use “Dismiss.” To access this option, type in *DISM*. Review the example in Figure 7.

```
NEW  Send new claims      DIS  Dismiss patient      RCA  Request cancellation
CU   Continuous update   SP   Print single patient  REV  Reverse a paid claim
UD   Update the display   PA   Print all           RES  Resubmit a claim
EV   Edit view screen     LOG  Print claim log      REC  Print receipt/DUR data
Select Action:UD//
Select Action:UD// DISM  Dismiss patient
Select item(s): (1-13): 3
DEMETRIUS,TIMOTHY CHARLES will be dismissed.
```

Figure 7: Example of Dismiss Data Entry

The screen is then updated. Timothy is gone and the patients after him have moved up to replace him entry. An example is shown in Figure 8.

```
#      PATIENT/PRESCRIPTION  COMMENTS
1  done ANDERSON,ROBERT      ** FINISHED ** not electronic **
2      BECLOMETHASONE NASAL I No insurance,Native ben.[Previously: Reversed pa
3  done HANLEY,ELLEN GRACE   ** FINISHED ** BOTH not electronic **
4      FUROSEMIDE 20MG TAB    No insurance,Native ben. (1075818.00001)
5      POTASSIUM CHLORIDE 10M No insurance,Native ben. (1075819.00001)
6  done HOSMER,JERRI E      ** FINISHED ** not electronic **
7      NORETHINDRONE 0.35MG T No insurance,Native ben. (1018313.00011)
8  done MURPHY,MARY MARGARET ** FINISHED ** 1 rejected *1 not electronic **
9      HYDROCORTISONE 1% OINT No insurance,Native ben. (1075812.00001)
10     AQUAPHILIC OINT       Rejected(68:FILLED AFTER COVERAGE EXPIRED,40:PHA
11  done NUGENT,ARTHUR CULVER ** FINISHED ** not electronic **
12     FORMULA X 20MG TAB     Paper claim to COMPANY (1078818.00001)
13     FORMULA Y 10MG TAB     Paper claim to COMPANY (1078819.00001)
```

Figure 8: Example of Dismiss

SP = Print Single Patient: In figure 8, on line 10, there is not enough room to see all of the rejection reasons. You can scroll to the right to see the data, as explained later, or use the “SP” option to get a hard copy of everything on that line. The printout wraps the text so the entire message can be seen as shown in Figure 9.

```

Select Action:UD// SP   Print single patient

Select item(s):  (1-13): 8-10

Send report to device: HOME// printer   Right Margin: 80//
PHARMACY POINT OF SALE NOV 16,2000@05:39:44

All prescriptions
With activity in the past 15 min

  8  done MURPHY,MARY MARGARET   ** FINISHED ** 1 rejected  *1 not electronic  **
  9      HYDROCORTISONE 1% OINT  No insurance,Native ben. (1075812.00001)
10      AQUAPHILIC OINT          Rejected(68:FILLED AFTER COVERAGE EXPIRED,40:PHA
                                   ...RMACY NOT CONTRACTED WITH PLAN ON DATE OF SERVIC
                                   ...E,70:NDC NOT COVERED,75:PRIOR AUTHORIZATION REQU
                                   ...IRED,70:NDC NOT COVERED,81:CLAIM TOO OLD); PROV
                                   ...NOT ELIG ON DOS

```

Figure 9: Example of Print Single Patient

PA = Print All: This option will prompt for an output device and will send a copy of the screen to selected printer.

LOG = Log of Processing: This option prints a detailed history of the processing for the prescription. It is a good tool for diagnosing problems. An example of the prompts to generate the log are shown in Figure 10.

```

Select Action:UD// LOG   Print claim log
Enter the line numbers for which you wish to print claim logs.

Select item(s):  (1-13):
Send report to device: HOME// printer   Right Margin: 80//

```

Figure 10: Example of Log of Processing

RCA = Request Cancellation: This option can be used to stop a claim before it is transmitted to the insurance company. If you don't catch it in time and the claim is paid, use "REV" to reverse the transaction. "RCA" has no effect on paper claims (use "REV" or "RES" instead). "RCA" has no effect on rejected claims. Review an example of the process in Figure 11.

```

Select Action:UD// RCA   Request cancellation
Select prescription to cancel by line number.  Hurry!
Select item(s):  (1-13):

```

Figure 11: Example of Request Cancellation

REV = Reverse a paid claim: For an electronic claim the "REV" option sends a claim reversal request to the insurer. Watch the screen to monitor the progress of the reversal request. Review an example of the process in Figure 12.

```
Select Action:UD// REV   Reverse a paid claim  Select the line(s) with the paid claim(s)
you wish to reverse.

Select item(s):  (1-13):

8  done MURPHY,MARY MARGARET  ** FINISHED ** 1 rejected  *1 not electronic  **
9      HYDROCORTISONE 1% OINT *REVERSAL* Reversed paper claim[Previously: No
```

Figure 12; Example of Reverse a Paid Claim

RES = Resubmit a claim: This option resubmits a claim. The processing is redone from the beginning, so that the latest registration and pharmacy data is picked up. If the claim was previously paid, the original claim is first reversed and then the resubmission is done. Review an example of the process in Figure 13.

```
Select Action:UD// RES   Resubmit a claim  Select the line(s) with the claim(s) you wish
to resubmit.

Select item(s):  (1-13): 9

8  done MURPHY,MARY MARGARET  ** FINISHED ** 1 rejected  *1 not electronic  **
9      HYDROCORTISONE 1% OINT No insurance,Native ben.[Previously: Reversed p
```

Figure 13; Example of Resubmit a Claim

Observe that the Comments line shows the new status first, followed by the previous results in brackets.

[Previously: ...].

REC = Print Receipt/DUR Information: This option prints a summary of the transaction, similar to what a commercial pharmacy's receipt would show. The contents of the receipt can be customized for your pharmacy. The next example doesn't have any financial information, such as co-pay amounts but you might want your receipts to show this information. Point of Sale can also be set up to automatically print receipts.

The DUR (Drug Utilization Review) information is perhaps the most valuable part of the option. When the insurer responds to a claim, sometimes DUR information is included. You can tell because the comments part of the line begins with "DUR!" like this:

```
88 ALBUTEROL INHALER DUR! Payable. Much more data that doesn't fit
```

Sometimes DUR data comes in a rejection response. A common example is when a patient has had the prescription filled recently at another pharmacy. The insurer might even tell us the fill date as part of the rejection and the next refill date on which the claim would be payable. Review Figure 14 for an example of the information that can be provided.

```
Select Action:UD// REC   Print receipt/DUR info
Enter the line numbers for which you wish to print a receipt and DUR info:

Select item(s):  (79-91): 88
Send report to device: HOME// printer   Right Margin: 80//

Printing DUR info...
... for BRIGHAM,CARLA...

BRIGHAM,CARLA
Cardholder ID Number: xxxxxxxxxxxx
Electronic Payor: MEDICAID
Claim ID: C00-002286-68488
ALBUTEROL INHALER
Quantity: 17
NDC Number: 00172-4390-18
Date Filled: NOV 15,2000
Prescription Number: 1777354
Prescription Status:CLAIM PAYABLE
Authorization Number: 0
DUR Response Data:
  Drug Conflict Code: Excessive Drug Doses (Over Utilization)
  Severity Index Code:
  Other Pharmacy Indicator: 0
  Previous Date of Fill: 00000000
  Qty. of Previous Fill: 0
  Database Indicator: 4
  Other Prescriber Indicator: 0
  Message: DAILY DOSE OVER:      1.09
Message: CLAIM ACCEPTED

Done
```

Figure 14; Example of DUR (Drug Utilization Review)

2.5 RESUBMITTING CLAIMS

Ideally, each claim gets submitted and paid on the first try. Sometimes claims have to be submitted more than once.

Example: A claim is rejected because of an invalid cardholder ID number. The error is corrected in RPMS Registration. The claim may then be resubmitted.

Example: A claim is submitted but then it's noticed that the wrong NDC number has been entered. The method of fixing this error depends on how your Point of Sale system is configured.

- If your system is configured so that the RPMS Pharmacy package does data entry, then edit the prescription, changing the NDC number. RPMS Pharmacy will instruct Point of Sale to do a reversal if necessary and then to resubmit the claim.
- Otherwise, the problem can be fixed by doing manual data entry.

1. Wait for the original claim to finish processing.
2. If the claim was payable, reverse the paid claim.
3. Use the “NEW” option. Enter the prescription number and the correct “NDC” number.

Do not resubmit claims that have not been completely processed.

2.6 NAVIGATING MULTI-PAGE SCREENS AND WIDE SCREENS

Scrolling Up and Down: When you have lots of patients and prescriptions and they don't all fit on one screen, you will be able to see all the data by navigating the screen using the following keys in the manner listed below.

<u>Key</u>	<u>Command</u>
------------	----------------

+	Go to the next page (in a multi-page screen)
-	Go to the previous page
DIS	Dismiss patient (as discussed previously in Section 2.3).

Scrolling Left and Right: Such as when there are rejection codes that don't fit on the available screen width.

<u>Key</u>	<u>Command</u>
------------	----------------

→ or ← (the arrow keys)	Move the display one character right or left.
> or < (<shift ,> or <shift .>)	Move several characters right or left

2.7 PHARMACY ELECTRONIC CLAIMS REPORTS

The second option on the User Menu, “Pharmacy Electronic Claims Reports” is presented in the Reports Section of Point of Sale documentation.

2.8 NEW SEND NEW CLAIMS

The ***NEW Send new claims*** option is accessed from the Claims Data entry screen discussed in Section 2.1 of this manual. When you access this option by entering “New” a ScreenMan data entry screen for entering claims will display.

2.8.1 Introduction to the New Send New Claims Data Entry Screen

The data entry program is built using ScreenMan, a screen-oriented interface for editing and displaying data that is used in many other RPMS and VA applications. Figure 15 shows an example of a Claims Data Entry Screen. The parts of this screen are:

- **Data Entry Section:** The numbered rows in the middle are where you input claims data, as indicated by the column headers (Prescription, NDC, Patient, Drug, Fill Date).
- **Control Commands:** The navigation aids shown in the top right corner are some basic ScreenMan control commands.

Exit the screen in either of two ways:

- After the claims input is complete and you want to submit the claims, press <F1> followed by E. (<PF1> can be substituted for <F1>.)
- If you have done some claims input and decide you don't want to submit these claims, use <F1> Q. You will exit the input screen and no data is affected.

Controls for navigation:

- **<F3>** controls whether your input is in insert or overstrike mode. The active mode appears in the bottom right corner of the screen. In the example of the Claims Data Entry Screen in Figure 15, the "Insert" mode is listed as the active mode.
 - **<F4>** moves your cursor backward one field. For example, if you are at the NDC/CPT/HCPCS column and you press **<F4>**, it moves your cursor back one field to the Prescription column.
 - **<TAB>** moves your cursor forward one field.
 - **Arrow keys** <↑>, <↓>, <←>, and <→> move your cursor upward can be used to move the cursor left, right, up, and down.
 - **<ENTER>** completes the input for a field and moves the cursor to the next field.
- **Additional Data Prompts:** In the top left corner, you will find a list of settings that control whether certain extra data will be required for the claim. These settings will be discussed later in this section.
 - **Command line:** If you arrive at this line, various commands like Exit and Quit are available, which are the same as the **<F1> E** and **<F1> Q**.

Ask Insurance? NO		<PF1> E when done, to file claims
Ask Preauth #? NO	PHARMACY	<PF1> Q to quit without filing claims
Ask Qty/Price? NO	POINT OF	<PF3> insert/overstrike modes
Ask Fill Date? NO	SALE	<PF4> to go back one field
Ask Overrides? NO	DATA ENTRY	Arrow keys may be used, too

Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - -	Fill Date
1 _____	
2 _____	
3 _____	
4 _____	
5 _____	

COMMAND:	Press <PF1>H for help	Insert
----------	-----------------------	--------

Figure 15; Example of Claims Data Entry Screen

2.8.2 Basic Data Entry

Step 1: When you access the Claims Basic Data Entry Screen, the cursor is at Line 1 in the Prescription column. Type the prescription number as shown in the example (Figure 16) and press **<ENTER>**.

Ask Insurance? NO		<PF1> E when done, to file claims
Ask Preauth #? NO	PHARMACY	<PF1> Q to quit without filing claims
Ask Qty/Price? NO	POINT OF	<PF3> insert/overstrike modes
Ask Fill Date? NO	SALE	<PF4> to go back one field
Ask Overrides? NO	DATA ENTRY	Arrow keys may be used, too

Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - -	Fill Date
1 371573 _____	
2 _____	
3 _____	
4 _____	

Figure 16; Example of Basic Claims Data Entry, Enter Pharmacy Number

Several things happen as a result (review Figure 17).

- The patient, drug, and fill date fields are completed for you. The most recent refill is taken.
- The cursor moves to the NDC column.

```

Ask Insurance? NO                                <PF1> E when done, to file claims
Ask Preauth #? NO                               PHARMACY    <PF1> Q to quit without filing claims
Ask Qty/Price? NO                               POINT OF    <PF3> insert/overstrike modes
Ask Fill Date? NO                               SALE        <PF4> to go back one field
Ask Overrides? NO                               DATA ENTRY Arrow keys may be used, too

Prescription NDC/CPT/HCPCS - Patient - - - Drug - - - - - Fill Date
1 `372001      _____ SMALLEY,KAREN LEE RANITIDINE 150MG TABLET NOV 1
2
3
4

```

Figure 17; Example of Claims Basic Data Entry, After Pharmacy Number is Entered

Step 2: Type the NDC number, with or without dashes (see Figure 18). Depending on your individual site's system setup, the NDC number might default. Press <ENTER>.

```

Ask Insurance? NO                                <PF1> E when done, to file claims
Ask Preauth #? NO                               PHARMACY    <PF1> Q to quit without filing claims
Ask Qty/Price? NO                               POINT OF    <PF3> insert/overstrike modes
Ask Fill Date? NO                               SALE        <PF4> to go back one field
Ask Overrides? NO                               DATA ENTRY Arrow keys may be used, too

Prescription NDC/CPT/HCPCS - Patient - - - Drug - - - - - Fill Date
1 `372001      00781-1883-10 SMALLEY,KAREN LEE RANITIDINE 150MG TABLET NOV 1
2
3
4
5

```

Figure 18; Example of Claims Data Entry, Adding NDC Number

Step 3. Observe that the cursor moves to the Prescription column on the next line. Either enter another prescription, or use <F1> E or <F1> Q to complete the transaction.

If you wish to edit the transaction, you can return to the first line by using the <↑> key to move your cursor upward. For example, if you wanted to edit the NDC number, the <↑> key would bring you to Line 1 Prescription column. Then <TAB> would move you ahead one field to the NDC column in Line 1. Review the example in Figure 19.

Ask Insurance? NO		<PF1> E when done, to file claims
Ask Preauth #? NO	PHARMACY	<PF1> Q to quit without filing claims
Ask Qty/Price? NO	POINT OF	<PF3> insert/overstrike modes
Ask Fill Date? NO	SALE	<PF4> to go back one field
Ask Overrides? NO	DATA ENTRY	Arrow keys may be used, too

Prescription	NDC/CPT/HCPCS	- Patient	- - - - Drug	- - - - - - - - Fill Date
1 `372001	00781-1883-10	SMALLEY, KAREN LEE	RANITIDINE 150MG TABLET	NOV 1
2 _____				
3				
4				
5				
6				
7				
8				
9				

COMMAND: Press <PF1>H for help Insert

Figure 19; Example of Enter Another Prescription

When you use <F1> to submit claims, a message like this appears, as a confirmation.

```
Submitting claims...
SMALLEY, KAREN LEE `372001 RANITIDINE 150MG TABLET

...done.
```

You will then be returned to the main POS screen showing the status of the prescriptions being processed.

2.8.3 Using Bar Codes for Data Entry

The POS package allows submittal of claims via bar code scanning if your pharmacy package allows printing of bar codes on prescription labels.

2.8.4 NDC number input

NDC number input works best if your site has an up-to-date AWP MED-TRANSACTION file. When you input the NDC number, the drug name, as found in the AWP MED-TRANSACTION file, appears at the bottom of the screen as a confirmation.

2.8.5 Finding a Prescription Without the Number

In the Prescription column, type **FIND** to do a lookup by patient as shown in Figure 20.

```

Ask Insurance? NO                <PF1> E  when done, to file claims
Ask Preauth #? NO                PHARMACY  <PF1> Q to quit without filing claims
Ask Qty/Price? NO                POINT OF  <PF3> insert/overstrike modes
Ask Fill Date? NO                SALE      <PF4> to go back one field
Ask Overrides? NO                DATA ENTRY Arrow keys may be used, too

```

```

Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - - Fill Date

```

```

1  FIND

```

Figure 20; Example of Finding a Prescription by Patient Name

At the next prompt, **type the patient's name**, or a substantial part of it as shown in Figure 21. If there are multiple matches, choose among them.

```

Select PATIENT NAME: PARSONS, T
1  PARSONS, TAMARAH MARIE      F 06-05-1957 123456789  XYZ 12345
2  PARSONS, TIMOTHY K          M 05-06-1994 456789123  XYZ 45678
3  PARSONS, TONI ANGELA        F 12-16-1947 789654123  XYZ 98765
CHOOSE 1-3: 1

```

Figure 21; Example of Selecting a Patient Name

Then **select which visit** (see Figure 22). The visit dates, clinics, and count of prescriptions are shown, starting with the most recent visit. If a visit had only one prescription, the drug name is shown. Key "^" to exit without selecting a visit. (This page is not part of ScreenMan so the <F1> commands do not apply.)

```

                                Select a visit for PARSONS,TAMARAH MARIE
                                -----
1 - `229980      NOV 21,2000@08  OPTOMETRY      none
2 - `229126      NOV 21,2000@09  GENERAL        MIRACLE BALM 2 OZ
3 - `229769      NOV 20,2000@14  MENTAL HEALTH   2 prescriptions
4 - `228577      NOV 9,2000@15   GENERAL        none

[Page 1 of 9]  Commands: #, P#, <Enter>, ^, ^^ or ?
Select Item #: 3

```

Figure 22; Example of Selecting a Visit

If you see a prompt for Prescription or Non-prescription item, always pick **P** - Prescription.

```

Select one of the following:
          P          Prescription
          N          Non-prescription item
What kind of charge is this for? : P//

```

If the visit had more than one prescription, the next step is to **choose which prescription** (See Figure 23).

```

                                Select a prescription for PARSONS,TAMARAH MARIE from this visit
                                -----
`229769      NOV 20,2000@14  MENTAL HEALTH   2 prescriptions
1 - `373291      CARBAMAZEPINE 200MG TAB      NOV 20,2000 96
2 - `373292      CLONAZEPAM 1MG TABLETS      NOV 20,2000 50

[Page 1 of 1]  Commands: #, P#, <Enter>, ^, ^^ or ?
Select Item #: 2

```

Figure 23; Example of Selecting a Prescription

You are then brought back to the original screen as shown in Figure 24, with the data filled in as specified by your selections.

```

Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - Fill Date
1 `373292      PARSONS,TAMARAH M CLONAZEPAM 1MG TABLETS  NOV 20
2

```

Figure 24; Example of Screen with Specified Data

2.8.6 Preauthorization Numbers

You will need to include preauthorization numbers on some claims as demonstrated in this example. The data entry screen is set up to do the fastest, shortest input possible, by prompting for the prescription number and NDC number.

Step 1. Before typing the prescription number, we need to change the "Ask preauth #" field from "NO" to "YES." To do this, press the <↑> key to move your cursor upward to the "Ask preauth #" field and key in a "Y" shown in Figure 25. Then use the <ENTER> key or the <↓> key to get back to the Prescription column in line 1.

Type the prescription number and the NDC number as usual.

Ask Insurance? NO		<PF1> E when done, to file claims
Ask Preauth #? YES	PHARMACY	<PF1> Q to quit without filing claims
Ask Qty/Price? NO	POINT OF	<PF3> insert/overstrike modes
Ask Fill Date? NO	SALE	<PF4> to go back one field
Ask Overrides? NO	DATA ENTRY	Arrow keys may be used, too
Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - - - Fill Date		
1	`372001	00781-1883-10

Figure 25; Example of Data Entry Screen, Changing Preauth # to Yes.

Step 2. After you type the NDC number, a **pop-up window** will appear (see Figure 26). This window is used for insurance and pricing data as well as pre-authorization. Type the pre-authorization number at the prompt.

There are two ways to get out of the pop-up window:

- The shortcut out is to press <F1> C.
- Or go through the "Done with this page?" prompt. ScreenMan will also give you a "Close" command at the bottom of the screen.

After the pop-up window is dismissed, you are returned to Line 2 to enter another claim, or press <F1> E or <F1> Q.

[illegible]

Figure 26; Preauthorization Pop-Up Window

2.8.7 Editing Insurance

Change the "Ask insurance?" setting to YES. Review the procedure to change settings on the data entry screen in section 2.8.6. First, you will see a pop-up window (see Figure 27). It shows the primary insurance and you will have a chance to view/edit the order of insurance.

Ask Insurance? YES		<PF1> E when done, to file claims
Ask Preauth #? NO	PHARMACY	<PF1> Q to quit without filing claims
Ask Qty/Price? NO	POINT OF	<PF3> insert/overstrike modes
Ask Fill Date? NO	SALE	<PF4> to go back one field
Ask Overrides? NO	DATA ENTRY	Arrow keys may be used, too
+-----+-----+-----+		
1	FRANKLIN,AVIE M	<PF1> C to close this pop-up page
2	CARBAMAZEPINE 200MG TAB	- - - - - PRICING - - - - -
3	Primary insurance:	Quantity:
4	PAID PRESCRIPTIONS	Price per unit: \$
5	Do you want to view/edit	from
6	the ORDER of INSURANCE? <u>NO</u>	Qty x Price = \$
7		Dispensing Fee: \$
8	Preauthorization #:	Total Price: \$
9		Done with this page? YES
+-----+-----+-----+		

Figure 27; Example of Ask Insurance Pop-up Screen

When you answer “YES,” another pop-up window appears as shown in Figure 28.

```

Ask Insurance? YES                                <PF1> E when done, to file claims
Ask Preauth #? NO                                PHARMACY    <PF1> Q to quit without filing claims
+-----+-----+
Ask|
Ask| 1 FRANKLIN,AVIE M                            <PF1> C to close this pop-up page
   | CARBAMAZEPINE 200MG TAB
   |
1  | Order (Enter 1,2,3 next to the Primary, Secondary, Tertiary insurances)
2  | 1st PAID PRESCRIPTIONS
3  | 2nd SMART AGENCY
4  | 3rd GENERAL HEALTH RESOURCES LTD.
5  |
6  |
7  |
8  |
9  |
+-----+-----+

```

Figure 28; Example of Second Ask Insurance Pop-up Screen

If a different insurance should be primary, navigate to its position in the Order column using the arrow keys. Key a "1" and press <ENTER>. ScreenMan will change the selected insurance to indicate "1st" and automatically adjust the order of the old 1st to be the 2nd insurance.

When done, use <F1> C to close the pop-up page. You go back to the first pop-up page, at which point you can use <F1> C again to close it.

2.8.8 Editing the Price and Quantity

Change the "Ask Qty/Price?" setting to YES. The pop-up window shown in Figure 29 will appear.

```

Ask Insurance? NO                                <PF1> E when done, to file claims
Ask Preauth #? YES                                PHARMACY    <PF1> Q to quit without filing claims
Ask Qty/Price? YES                                POINT OF    <PF3> insert/overstrike modes
Ask Fill Date? NO                                SALE        <PF4> to go back one field
Ask Overrides? NO                                DATA ENTRY Arrow keys may be used, too
+-----+-----+
   | 1 FRANKLIN,AVIE M                            <PF1> C to close this pop-up page
1  | AMLODIPINE BESYLATE 5MG TAB
2  |
3  | Primary insurance:
4  |
5  | Do you want to view/edit
6  | the ORDER of INSURANCE? NO
7  |
8  | Preauthorization #: 12345
9  |
+-----+-----+

```

- - - - - PRICING - - - - -

```

Quantity: 60
Price per unit: $1.33787
from PSRX-AWP
Qty x Price = $80.27
Dispensing Fee: $4.50
Total Price: $84.77
Done with this page? YES
+-----+-----+

```

Figure 29; Example of Ask Qty/Price Pop-up Screen

You can change the quantity or the unit price and the total will be updated. When you have completed your changes, use <F1> C to close the pop-up page.

If you are going to change the quantity, it **changes only the quantity billed for**. The quantity dispensed, as stored in the Prescription file, is not changed. Before changing the quantity be aware of all contractual or legal implications of making an adjustment to quantity.

The "from PSRX-AWP" (shown on line 4 of Figure 29) indicates the source of the unit price. There are several possible places where pharmacy prices can be stored; the choice is made at the time Point of Sale is installed and cannot be altered here.

2.8.9 Choosing a different Fill Date

When you type a prescription number and the prescription has had refills, the Point of Sale system assumes you mean the most recent fill.

If you wish to submit a claim for an earlier fill, there are two ways of doing it:

- In the main User Screen, use EV Edit View Screen to view past Point of Sale activity for One Patient. If the claim for the earlier fill had been processed through Point of Sale, you can RES Resubmit one claim from that point, which is the easiest way to process a claim for an earlier fill.
- Use this data entry screen to select an earlier fill. Begin by changing the "Ask fill date?" setting to YES (Figure 30). After you enter the prescription number, the cursor jumps to the Fill Date column. (If the prescription has no refills, the cursor will just go directly to the NDC field, even if you set "Ask fill date" to YES.)

Ask Insurance? NO	+-----+	<PF1> E when done, to file claims
Ask Preauth #? NO	PHARMACY	<PF1> Q to quit without filing claims
Ask Qty/Price? NO	POINT OF	<PF3> insert/overstrike modes
Ask Fill Date? YES	SALE	<PF4> to go back one field
Ask Overrides? NO	DATA ENTRY	Arrow keys may be used, too
+-----+		
Prescription NDC/CPT/HCPCS - Patient - - - Drug - - - - - Fill Date		
1 `359803	58406068315	HANSEN,NINA LEA METHOTREXATE 25MG/ML INJ <u>NOV 28</u>
2		
3		

Figure 30; Example of Editing Ask Fill Date

- If you know the exact fill date for which you want to process the claim, type it here. The date must be one of the fill dates already on file for this prescription. This screen cannot be used to change the fill dates stored in the Prescription File. The date can be typed in any acceptable RPMS form, such as 10/29 or OCT 29, etc.
- If you do not know the exact fill date, type FIND. The dialogue leads you through selecting a fill date, as shown in Figure 31.

```

Ask Insurance? NO      +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO      | PHARMACY | <PF1> Q to quit without filing claims
Ask Qty/Price? NO      | POINT OF | <PF3> insert/overstrike modes
Ask Fill Date? YES     | SALE | <PF4> to go back one field
Ask Overrides? NO      | DATA ENTRY | Arrow keys may be used, too
                        +-----+

Prescription NDC/CPT/HCPCS - Patient - - - - Drug - - - - - - Fill Date
1 `359803      58406068315 HANSEN,NINA LEA METHOTREXATE 25MG/ML INJ FIND

HANSEN,NINA LEA METHOTREXATE 25MG/ML INJ (IMM 2ML)

Use OCT 20,2000, which was the first fill date? NO// _____
Refill dates for this prescription include:
NOV 28,2000 NOV 21,2000 NOV 14,2000 NOV 7,2000 NOV 1,2000
OCT 26,2000
Select which refill date: NOV 28,2000// _____

```

Figure 31; Example of Find when Editing Ask Fill Date

2.8.10 Overrides

There are dozens of fields defined by the NCPDP, any of which might be required by a particular insurer to fulfill a claim. Not all of these fields can be obtained from RPMS or Pharmacy databases.

In the rare instance that you need to send a different value for any of these fields, change the "Ask overrides?" setting to YES as shown in Figure 32.

```

Ask Insurance? NO      +-----+ <PF1> E when done, to file claims
Ask Preauth #? NO      | PHARMACY | <PF1> Q to quit without filing claims
Ask Qty/Price? NO      | POINT OF | <PF3> insert/overstrike modes
Ask Fill Date? NO      | SALE | <PF4> to go back one field
Ask Overrides? YES     | DATA ENTRY | Arrow keys may be used, too
                        +-----+
1 | Enter the NCPDP Fields and Values      1 HANSEN,NINA LEA |te
  | to override for this claim.          METHOTREXATE 25MG/ML INJ (IMM 2 |28
2 | Use <PF1> C to close this page.      |
3 |                                       |
4 | NCPDP FIELD (@ to delete)              VALUE |
5 | DISPENSE AS WRITTEN                  |
6 |                                       |
7 |                                       |
8 |                                       |
9 |                                       |
  +-----+

```

Figure 32; Example of Ask Overrides Pop-up Screen

How do you know if you need to override an NCPDP field value in order to get a claim to be payable? It would happen in an extraordinary circumstance, probably at the direction of the insurance company's Help Desk. For example, suppose that you had to send a value of "3" in the Dispense As Written field. The pop-up page is shown in Figure 33.

For NCPDP FIELD, type the field name or number. Then type the value in the second column.

	+-----+-----+	
3	Enter the NCPDP Fields and Values	1 HANSEN,NINA LEA te
1 3	to override for this claim.	METHOTREXATE 25MG/ML INJ (IMM 2 328
2 3	Use <PF1> C to close this page.	3
3 3		3
4 3	NCPDP FIELD (@ to delete)	VALUE 3
5 3	408 DISPENSE AS WRITTEN	<u>3</u> 3
6 3		3
7 3		3
8 3		3
9 3		3
	+-----+-----+	

Figure 33; Example of Dispense as Written Field

Use **<F1> C** to close the page when you have completed the transaction.

For a complete list of NCPDP field numbers and names, use the Reports menu (RPT), Other reports (OTH), and List NCPDP Fields (FLD).

3. MANAGER MENU

The Manager Menu allows you to setup the Point of Sale system with options that are specific to your site and to maintain pricing and insurance data. The ellipsis (...) following the menu option indicates that this option opens with a sub-menu. Enter a question mark (?) at any prompt to obtain a help menu.

3.1 PHARMACY POS MANAGER MENU

The *Pharmacy POS Manager Menu* is accessed from the core menu. Option “MGR” will produce the following sub-menu shown in Figure 34.

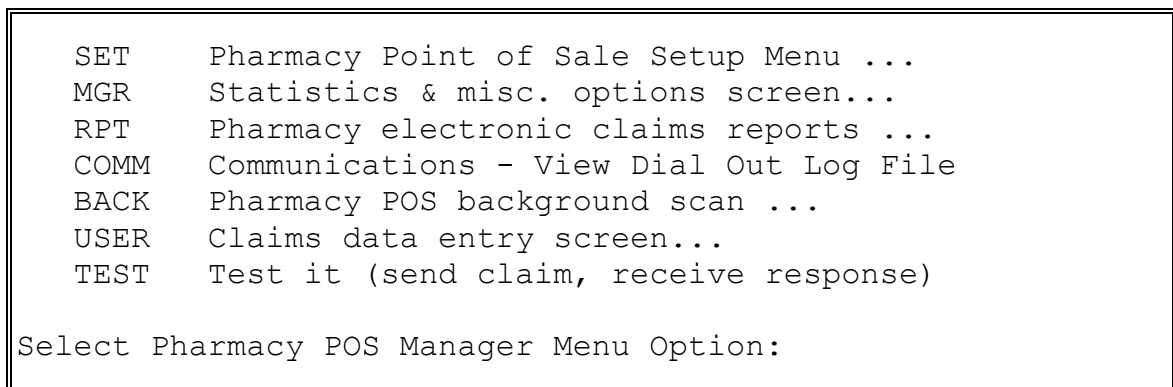


Figure 34; Pharmacy POS Manager Menu

3.2 PHARMACY POINT OF SALE SETUP MENU

The *Pharmacy Point of Sale Setup Menu* is accessed from the POS Manager Menu. Option “MGR” will produce the following sub-menu shown in Figure 35.

BAS	Edit basic pharmacy POS parameters
DIAL	Edit pharmacy POS dial out settings ...
PHAR	Edit pharmacy POS pharmacy data
INS	Edit Pharmacy POS Insurance settings ...
USER	Edit pharmacy POS user preferences
BILL	Unbillable/Billable POS items menu ...
PRI	Enter/edit Pricing formulas
MISC	Miscellaneous setup programs ...
PROV	Enter/Edit providers' ID #s
SETS	POS Setup - Summary of Insurers
SETD	POS Setup - Detailed Report

Figure 35; Pharmacy Point of Sale Setup Menu

3.2.1 Edit Basic Pharmacy POS Parameters

The ***Edit Basic Pharmacy POS Parameters Option*** is accessed from the Pharmacy Point of Sale Setup Menu. Select option “BAS” for a series of prompts to scroll through.

There are three ways to input data to Point of Sale:

- Manual: Claims are input on the data entry screen, often with a bar code scanner. The input is done separately from the RPMS Pharmacy, after the RPMS data entry is complete.
- RPMS RX CALLS POS (*This is the **preferred** RPMS POS method for submitting claims.*): The RPMS Pharmacy package has been enhanced so that pharmacy package functions (such as filling, editing, refilling) automatically make requests for claims and claim reversals.
- Background Scanner of PSRX (*This is an RPMS POS feature but **not** the preferred method for submitting claims.*): A background job in the Point of Sale package monitors the prescription file for released and canceled prescriptions. The background job initiates claims and claim reversals as appropriate.

How will data be input to Point of Sale?: //

Choose from:

0	MANUAL
1	RPMS RX CALLS POS
2	BACKGROUND SCANNER OF PSRX

Choose a default dial out: This is the destination to which your insurance claims are sent. This is either going to be the WebMD (Envoy) switch or the NDC switch. A purchase order agreement with a switch company should already be in place.

For most IHS sites the appropriate answer is ENVOY DIRECT VIA T1 LINE. Some sites might use modems to send claims.

For modem use only: Answer with “?” to see a list of all the possible dial outs. If your switch offers a variety of (800) numbers, choose any one; the one selected should not affect the data transmission. If your switch offers a choice between (800) numbers and a local 950 number, choose the 950 number if offered in your area. The switch’s Help Desk can tell you whether the 950 number is available in your area.

```
What is the default dial-out to send claims to?: //
```

```
Answer with ABSP DIAL OUT NAME
```

```
Choose from:
```

```
ENVOY (800) 669-0099
```

```
ENVOY (800) 683-3437
```

```
ENVOY (800) 854-5417
```

```
...ENVOY DIRECT VIA T1 LINE
```

```
NDC (800) 654-4518
```

```
NDC LOCAL 950-1734
```

Dialing outside the facility: If you are using a modem to send claims, the modem needs to dial a toll free number to communicate with the switch. Indicate here what number needs to be dialed to obtain an outside line. Often times this is a 9.

```
To get an outside line, what number should be dialed?:
```

Accounts Receivable System: If your Point of Sale system is going to interface to an Accounts Receivable Application, please specify which Accounts Receivable package will be used.

- If you use the RPMS 3rd Party Billing Package **and** you will be using the Point of Sale interface to that billing package, answer the prompt with 3RD PARTY BILLING.
- If you do not want the RPMS 3rd Party Billing Package to interface with the Point of Sale package, answer **NONE** at the prompt.
- If you are using an Accounts Receivable Billing Package other than the RPMS 3rd Party Billing/AR package, contact the RPMS Support Center for information regarding a POS interface.

```
What Accounts Receivable system is used?: //
```

The Standard Pricing Formula: A price is calculated by taking the UNIT PRICE times some MULTIPLIER plus a DISPENSING FEE. The values you specify here become your STANDARD pricing formula. Different pricing formulas can be set up later; specify on the Standard pricing formula at this time.

- Unit Price of a drug: There are various places where the unit price of a drug is found. The answer to this question should be known from the pre-installation planning for Point of Sale installation (see Appendix D).
- Multiplier: Usually this is 1 (for 100%) or a decimal value very close to 1, such as .95 (for 95%).
- Dispensing Fee: Enter the dollars and cents amount of the dispensing fee charged by your pharmacies.

Where do we find the UNIT PRICE of a drug?: //

Choose from:

APSAMDF	AWP MED TRANSACTION FILE (<i>Most Commonly Used</i>)
ABSCPT	ILC A/R CHARGE FILE
PSDRUG-PPDU	DRUG FILE PRICE PER DISPENSE UNIT
PSDRUG-AWPPDU	DRUG FILE AWP PER DISP UNIT
PSRX-UNIT	PRESCRIPTION FILE UNIT PRICE
PSRX-AWP	PRESCRIPTION FILE AWP

Multiply the unit price by what factor (1 = 100%, .95 = 95%, etc.) //

What is the default DISPENSING FEE?://

3.2.2 Edit Dial Out Settings

The *Edit Pharmacy POS Dial Out Settings Menu* is accessed from the POS Manager Menu (review Section 3.2). Option “DIAL” will produce the sub-menu shown in Figure 36.

BAS	Basic settings for POS dial out
DEF	Select default destination for claims
ADV	Advanced settings for POS dial out

Figure 36; Edit Pharmacy POS Dial Out Setting Menu

3.2.2.1 Basic Settings for POS Dial Out Using Direct T1 line to Envoy

Basic settings will suffice for almost all situations. The *Basic Settings for POS Dial Out* menu is located on the Edit Pharmacy POS Dial Out Settings Menu (review section 3.2.1). Select option “BAS” for a series of prompts to scroll through. If the basic option does not satisfy your needs, contact your system manager for information on options “DEF” and “ADV.” Option “RPMS” is discussed in Section 3.2.5.4.

If you are sending all your claims using the ENVOY DIRECT VIA T1 LINE dial out, the only question that matters is the connection type question. Leave all others blank.

- **Connection Type:**

CONNECTION TYPE: IP ADDRESS TCP// 3 T1 LINE TO ENVOY

Choose from:

- | | |
|---|-------------------|
| 1 | TRADITIONAL MODEM |
| 2 | IP ADDRESS TCP |
| 3 | T1 LINE TO ENVOY |

- **Device Number:** Enter the Mumps device number for a “Traditional Modem” configuration, this is the device number you assigned to the modem during Mumps Sysgen. For a “IP Address TCP” configuration in MSM, this is usually device number 56. Note that this device need not be set up in the RPMS Device Table.
- **IP Address:** Enter the IP address of the T1 connection, if necessary.
- **TCP Port Number:** Enter the port number of the T1 connection.

3.2.2.2 Basic Settings for POS Dial Without Using Direct T1 line to Envoy

The *Basic Settings for POS Dial Out* menu is located on the Edit Pharmacy POS Dial Out Settings Menu (review section 2.1.3). Select option “BAS” for a series of prompts to scroll through. If the basic option does not satisfy your needs, contact your system manager for information on options “DEF” and “ADV.” Option “RPMS” is discussed in Section 3.2.5.4.

Set up information about the modem being used to send claims:

- **Modem Type:** Answer with “?” to see a list of the modem types supported. If your exact modem type appears in the list, choose it.

Avoid choosing any of the 1200 (as in 1200 baud) entries. These should only be used for special situations. (Please call the RPMS Support Center for information)

Avoid choosing on the generic entries. If you choose one of the generics, such as MULTITECH GENERIC, be advised that it is not necessarily going to work for any Multitech modem.

- **Baud Rate:** The answer should always be 2400.
- **Connection Type:** If your modem is connected directly to your RPMS machine, choose “Traditional Modem.” If the modem is connected to an IP Address, choose “IP Address TCP.”

CONNECTION TYPE: IP ADDRESS TCP// ?

Choose from:

- | | |
|---|-------------------|
| 1 | TRADITIONAL MODEM |
| 2 | IP ADDRESS TCP |

- **Device Number:** Enter the Mumps device number for a “Traditional Modem” configuration, this is the device number you assigned to the modem during Mumps Sysgen. For a “Terminal Service TCP” configuration in MSM, this is usually device number 56. Note that this device need not be set up in the RPMS Device Table.
- **IP Address:** Enter the IP address. (The IP Address name may appear as an option.
- **Server Port Name:** Enter the IP Address port name to which the modem is attached (e.g., TCP PORT NUMBER: 3002//).
- **Default Dial Out:** This is the same setting as described previously (e.g., ENVOY (800) 669-0099//).

3.2.3 Edit POS Pharmacy Data

The *Edit Pharmacy POS Pharmacy Data* is accessed from the POS Manager Menu. Option “PHAR” will display a series of prompts to scroll through.

The first step is to get a list of your RPMS Pharmacy system’s Outpatient Sites. One way to do this is to use FileMan. See the example in Figure 37.

```
VA FileMan 21.0

Select OPTION: PRINT FILE ENTRIES

OUTPUT FROM WHAT FILE: 59  OUTPATIENT SITE
                                                                (4 entries)

SORT BY: NAME//
START WITH NAME: FIRST//
FIRST PRINT FIELD: NAME
THEN PRINT FIELD:

*****
Heading (S/C): OUTPATIENT SITE LIST  Replace
DEVICE:      Right Margin: 80//

OUTPATIENT SITE LIST      NOV  6,2000  06:33      PAGE 1
NAME
-----

CHEM
PARKER
PEACH SPRINGS
SUPAI
```

Figure 37; Example of FileMan Outpatient Site List

In general, set up one Pharmacy entry for each Outpatient Site. You may simplify things and group more than one Outpatient Site under the same Pharmacy if those Outpatient Sites are considered to be one pharmacy by all outside agencies. That is, you may group Outpatient Sites together under a single entry if all of the following are true.

- They have the same NCPDP number (which means they are considered to be a single pharmacy from the viewpoint of most private insurance companies).
- They have the same WebMD (Envoy) Terminal ID (which means they are considered to be a single pharmacy from the viewpoint of the switch).
- They have the same Medicaid Pharmacy number (which means that they are considered to be a single pharmacy from the viewpoint of the Medicaid FI).

In this example, PARKER, SUPAI, and CHEM appear under one pharmacy entry. But PEACH SPRINGS has a different NCPDP number, so it is set up as a different POS Pharmacy. This is true whether the multiple pharmacies are within the same locale or in different cities.

- **Pharmacies Name:** Usually this will be the same as the Outpatient Site. If you have more than one Outpatient Site grouped under the same NCPDP number, pick any one, usually the main one, to use as the name here.
- **Outpatient Site:** One or more of the RPMS pharmacy package's "Outpatient Sites" (File 59) must be associated with this POS pharmacy entry. Enter the names of all the Outpatient Sites that go under this Pharmacy entry. For example:

Select ABSP POINT OF SALE PHARMACIES NAME: PARKER

Select ABSP POINT OF SALE PHARMACIES NAME: SUPAI

Select ABSP POINT OF SALE PHARMACIES NAME: CHEM

Select ABSP POINT OF SALE PHARMACIES NAME:

- **WebMD (Envoy) Terminal ID:** If you are transmitting claims via the WebMD (Envoy) switch, this number is required. It is assigned by WebMD (Envoy) following the submission of the purchase order. If you do not know your WebMD (Envoy) Terminal ID number call the WebMD (Envoy) Help Desk at (888) 545-6127.
- **NCPDP Number:** This is a number assigned to your pharmacy by the NCPDP. It used to be called the NABP number.
- **DEFAULT DEA #:** Many insurers require the prescriber's DEA number as part of the claim. If your pharmacy has a DEA # that may be used in case a prescriber doesn't have his DEA # on file with you, enter that default DEA # here.
- **Medicaid #:** If you are sending claims to your state's Medicaid program, and Medicaid has assigned a special Medicaid pharmacy number to your pharmacy, enter that number here. It is usually required as part of the Medicaid claim.
- **Default Medicaid Provider #:** Usually, Medicaid assigns ID numbers to prescribers and those numbers must be sent as part of a Medicaid claim. If you have a default number which may be used when you don't have a provider's Medicaid number on file enter that number here.
- **Insurer-Assigned #:** Usually, private insurance claims require the NCPDP #. But if any insurers have special numbers assigned to your pharmacy to be used on their claims, then enter those insurers and the numbers they assigned to you.

3.2.4 Edit Insurance Settings

The *Edit Pharmacy POS Insurance Settings Menu* is accessed from the POS Manager Menu. Selection of option "INS" will produce the sub-menu shown in Figure 38.

SYS	Insurance selection parameters (system-wide)
INS	Quick setup of insurer
ADV	Advanced setup of insurer
RPMS	Enter/edit RPMS Insurance file RX settings
SUM	POS Setup - Summary of Insurers

Figure 38; Edit Pharmacy POS Insurance Selection Parameters

3.2.4.1 Insurance Pharmacy POS Selection Parameters (System-Wide)

The *Insurance Selection Parameters (system-wide)* is accessed from the Edit Insurance Selection Parameters Menu). Selection of option “SYS” will lead you to a series of prompts to scroll through.

- **Grace Period:** The insurance selection "grace period" allows a prescription to be filled beyond the coverage expiration date. This is a system-wide default setting; you can override it on an insurer-by-insurer basis.

How insurance is selected: Point of Sale selects insurance by looking at the RPMS Registration data and assigning a point value to each coverage a patient has. Based on these scores, Point of Sale chooses primary, secondary, and tertiary insurance for billing a prescription. The insurance selection criteria include:

- Points for the type of insurance: Medicaid, private, Medicare, Railroad, and self pay/uninsured.
- Points based on applying certain other rules to choose from among private insurers.
- Points for particular insurers.
- The insurer added most recently to the patient's registration record.

Enter the base scores for each insurance type. For example, if private insurance is primary, Medicare is secondary, and Medicaid is tertiary, then you might give private insurance 900 points, Medicare 600 points, Medicaid and Railroad each 300 points and self pay 100 points. For example:

```
INS BASE PRVT: 900
INS BASE CARE: 600
INS BASE CAID: 300
INS BASE RR: 300
INS BASE SELF: 100
```

- **Additional Insurance Rules:** Select any additional insurance rules that might be needed for distinguishing among private insurers.

Do you want to see a list of all the AVAILABLE rules? NO//
 YES
 DEVICE: HOME;80;999

All of the available INSURANCE SELECTION RULES
 OCT 31,2000 07:52 PAGE 1
 NAME DESCRIPTION

Some of the available insurance selection rules are shown in Figure 39.

Rule	Description	Necessary Information
Birthday Rule (2 Parents)	If a child is covered by policies from two parents' employment, the policy through the parent whose birthday comes first in the calendar year is the one that takes precedence.	The relationship to policyholder, the policy holder employer, and the policy holder date of birth are critical to making this rule work as intended. If a policy holder date of birth is missing, a midyear date will be used.
Employment Before Private Insurance	If insurance through employment takes precedence over insurance through private purchase, select this rule.	Currently Disabled. While this rule still appears in the insurance rule selection process, its functionality is disabled at this time. Selection and assigning of this rule will not effect the determination of insurance at the claim generation level.
Employment Before Spouse Insurance	If insurance through your employment is to take precedence over insurance under a spouse's employment coverage, select this rule.	Currently Disabled. While this rule still appears in the insurance rule selection process, its functionality is disabled at this time. Selection and assigning of this rule will not effect the determination of insurance at the claim generation level.
Policy Holder is Self	This rule can be used to assign bonus points to policies where the policyholder is SELF.	Beware of how this rule may interact with the EMPLOYMENT BEFORE PRIVATE INSURANCE rule; it's important to choose an appropriate value when using both rules simultaneously.
Workers Comp Rule	Visits may be marked as work-related (V POV file has data).	Insurers may be marked as worker's comp only, never, or both worker's comp and non-worker's comp claims (ABSP POINT OF SALE INSURER file has data). This rule takes these settings into consideration and adjusts the order of insurance accordingly.

Figure 39; Table of Insurance Rules

Select any additional insurance rules that might be needed for distinguishing among private insurances.

Do you want to see a list of the rules that are IN USE now?
 NO//

Usually, the plus points value for a rule is about 10 or 20 and the minus points value is 0. The INS RULE ORDER tells what order the rules are applied, from low to high. 10, 20, 30, etc. are good choices for ORDER.

Select INS RULE ORDER:

Do you want to go back and edit the rules again? NO//

- **Extra Points for Specific Insurers:** If there is a particular insurance which should always be given extra points, plus or minus, use the Advanced setup of insurer and put the assigned number of points in the RX PRIORITY field. For example, if your site has a special rule that says AMALGAMATED INSURANCE is always to be chosen above any other coverage, then you could assign 1000 points to that company and it would always show up at the top of the list.

This concludes the system-wide insurance setup. There is another setup program to setup specific insurers with their electronic formats, insurance selection settings, grace period override, etc.

3.2.4.2 *Quick Setup of Insurer*

The *Quick Setup of Insurer* is accessed from the Edit Insurance Selection Parameters Menu. Selection of option “INS” will produce a series of prompts to scroll through.

The quick setup of insurer is all you need to start sending claims to a particular insurer. Before doing this, be sure to have the necessary contracts in place. Also, be sure that the insurer’s NCPDP Record Format is supported by Point of Sale.

For a comprehensive list of the available formats, including the WebMD (Envoy) plan numbers, use RPT/OTH/FMT.

At the NCPDP Record Format question, you may answer with the WebMD (Envoy) plan number of the BIN number, as well as the record format name.

Note that all of the state Medicaid format names have the state first, such as NEW MEXICO MEDICAID< OKLAHOMA MEDICAID, etc. The Blue Cross Blue Shield insurers are names as “BC/BS” followed by the state name, such as BC/BS ARIZONA.

Sometimes the format name might not match the insurer name. For example, OPTIONS HEALTH CARE uses the format KAISER PERM> OPTIONS CLASSIC. You can always ask the insurer for the WebMD (Envoy) plan number. The BIN number might help to find the right plan, but ultimately you may need to know the plan number, since several plans can have the same BIN.

Contact the RPMS Support Center to make requests for new formats. See also option “INS” *Survey Insurers by Frequency* in the “SURV” *Surveys of RPMS Database* on the Reports Menu to probe your system and see which insurers are used most often by your patients.

For the Pricing Formula most insurers will be linked to the Standard Pricing Formula. If you have a different pricing policy for a particular insurer, setup the special pricing formula and then setup the insurer. (See section 2.1.8 for details on setting up different pricing formulas).

Select ABSP POINT OF SALE INSURER NAME: ?

Answer with ABSP POINT OF SALE INSURER NAME

Choose from:

BC/BS OF ARIZONA INC.

BC/BS OF AZ.-PPO

BC/BS OF AZ.=PPO

You may enter a new ABSP POINT OF SALE INSURER, if you wish

Answer with INSURER NAME

Do you want the entire 1022-Entry INSURER List? N (No)

Select ABSP POINT OF SALE INSURER NAME: BC(BLUE
CROSS/CROSSE)

The following matches were found:

1: BC/BS OF ARIZONA INC.: P.O. BOX 1200 Domain: AZ
PHOENIX, AZ 85001-1200

2: BC/BS OF AZ.=PPO: 3404 W. CHERYL DR., SUITE 280
PHOENIX, AZ 85051-9588

Select 1-2: 1

Select the electronic claim FORMAT

RX - NCPDP Record Format: BC/BS OF AZ//

Select the PRICING METHOD

RX - PRICING METHOD: STANDARD//

Select ABSP POINT OF SALE INSURER NAME:

3.2.4.3 Advanced Setup of Insurer

The ***Advanced Setup of Insurer*** is accessed from the Edit Pharmacy POS Insurance Selection Parameters Menu (review Section 3.2.1). Select option “ADV” to begin the process.

Advanced Setup of Insurer is seldom needed. Some examples of when it might be used are setting a special dispensing fee or grace period for a particular insurer. Contact the RPMS Support Center for assistance.

3.2.4.4 Enter/edit RPMS Insurance file RX settings

The **Enter/edit RPMS Insurance File RX Settings** option is accessed from the Edit Pharmacy POS Insurance Selection Parameters Menu (review Section 3.2.5). Option “RPMS” will produce a series of prompts to scroll through.

The RPMS Insurer file has a field named RX BILLING STATUS. Pharmacy Point of Sale uses this field to determine whether the insurer can be billed for pharmacy. If the value is U, then Pharmacy Point of Sale will never select this insurer. If the value is O (letter O) or blank, then the insurance could be selected.

The example on the top of the following page shows how to mark Medicare as unbillable for pharmacy.

Select Edit Pharmacy POS Insurance settings Option: 4
Enter/edit RPMS Insurance file RX settings

Select INSURER NAME: MEDICARE

The following matches were found:

```
1: MEDICARE                - PO BOX 833913
                             RICHARDSON, TX 75083-3913
2: ...
Select 1-6: 1

RX BILLING STATUS: // U  UNBILLABLE
```

3.2.4.5 POS Setup - Summary of Insurers

The **POS Setup – Summary of Insurers** is accessed from the Edit Pharmacy POS Insurance Selection Parameters Menu (review Section 3.2.5). Option “SUM” will produce a report that shows which insurers are configured for electronic claims. Review an example of this report in Section 5.2.2 of the Report Manual.

3.2.5 Edit Pharmacy POS User Preferences

The **Edit Pharmacy POS User Preferences** is accessed from the POS Manager Menu. Option “USER” is seldom needed. If you do manual input of Point of Sale claims and you want to change the defaults of the data entry screen, use this option to make those changes.

3.2.6 Unbillable/Billable POS Items Menu

The **Unbillable/Billable POS Items Menu** is accessed from the POS Manager Menu. Selection of option “BILL” produces the sub-menu shown in Figure 40. There are three ways to specify billable or unbillable drugs.

OTC	Set billable status of OTC drugs
NDC	Enter/edit unbillable NDC #s
NAME	Enter/edit unbillable drug names

Figure 40; Edit Pharmacy POS Insurance Selection Parameters Menu

3.2.6.1 Set Billable Status of OTC drugs

The **Set Billable Status of OTC Drugs** option is accessed from the Unbillable/Billable POS Items Menu. Option “OTC” enters the setting that determines whether OTC drugs are Unbillable.

The selection of OTC (over the counter) drugs as unbillable is the most common option. This checks the DRUG file, Field 3 (DEA, SPECIAL HDLG). If the field contains a '9', then the drug is an OTC for the purposes of Point of Sale. Respond to the following prompts and press <enter>.

```
UNBILLABLE OTC: ?
Choose from:
    1          OTC DRUGS ARE UNBILLABLE
    0          OTC DRUGS ARE BILLABLE
```

If you set OTC drugs to be unbillable but a certain insurance company does accept claims for OTC drugs, you can set that one insurer's record to say that the OTCs are billable. This is for situations where an insurer has a different policy on OTCs.

```
Select ABSP POINT OF SALE INSURER NAME:
```

3.2.6.2 Enter/edit unbillable NDC #'s

The **Enter/edit unbillable NDC #'s** option is accessed from the Unbillable/Billable POS Items Menu. Option “NDC” provides entry to this module.

You can specify billable/unbillable status for NDC numbers. The NDC numbers you enter must be 11 digits, without the dashes. First, enter NDC numbers that are unbillable, system-wide

```
Select UNBILLABLE NDC #:
```

Now, enter NDC numbers that are unbillable/billable for specific insurers.

```
Select ABSP POINT OF SALE INSURER NAME:
```

****Note: if the system-wide rule says the drug is billable, then only the insurer's unbillable test is made; and conversely, if the system-wide test says unbillable then only the insurer's billable test is made.****

3.2.6.3 Enter/edit unbillable drug names

The *Enter/edit unbillable Drug Names* option is accessed from the Unbillable/Billable POS Items Menu. Selection of option "NAME" will produce the prompts for setup. Drugs can be marked as billable/unbillable by the drug name. Contact the RPMS Support Center for assistance.

```
***** Name-based rules for billable insurances *****
Enter Mumps IF commands to set $T true or false (True means
Unbillable if you're entering Unbillable rules; True means
Billable if you're entering Billable rules).The variable X
contains the drug name, converted to uppercase.
```

3.2.7 Enter/Edit Pricing Formulas

The *Enter/Edit Pricing Formulas* is accessed from the POS Manager Menu. Selection of option "PRI" produces a series of prompts to scroll through.

The Point of Sale system has a STANDARD pricing policy. When Point of Sale is first installed, you have only the STANDARD pricing formula. You can have different pricing policies based on insurer. If you want an entirely different pricing policy for a particular insurer, create the formula here and then edit the insurer's record to link it to the pricing policy.

If you want the Standard pricing policy but just a different dispensing fee for a particular insurer, you do NOT need a separate pricing formula. You can do an advanced edit of the insurer and enter a different dispensing fee there.

```
Do you want to see a report of the pricing formulas you
have set up now?
NO//
```

```
Select ABSP POINT OF SALE - PRICING TABLES NAME: STANDARD
```

The pricing policy named STANDARD is the default one. Enter the unit price of a drug. You may enter a "?" for a list of choices.

```
The most common selections are:
APSAMDF - if you have the AWP MED-TRANSACTION file with
regular updates (Most Commonly Used)
PSRX-AWP - if you are using the pharmacy package w/direct
POS interface
PSRX-UNIT - if you are using the Prescription file, UNIT
PRICE OF DRUG
```


UNIT PRICE SOURCE: PSRX-UNIT//

FORMULA can be LINEAR: multiply unit price by quantity
STEP: bring up unit price to the next 'step' value before
multiplying. Right now, only LINEAR is supported

Indicate the multiplier you would like. If you want to take the unit price as is, then answer with 1, which is the same as 100% of unit price. If you want to take 95% of the unit price, such as if you are charging 95% of the AWP, answer with .95. Other multipliers can be entered, similarly depending upon your contract agreements.

MULTIPLIER: 1//

Finally, add on the dispensing fee.

DISPENSING FEE: 4.50//

DESCRIPTION:

1>The STANDARD pricing formula is always used unless an insurer is

2>specifically marked for a different pricing formula.

EDIT Option:

This completes the editing of the STANDARD pricing formula. This formula applies to all claims, both electronic and paper, unless the insurer has been specifically marked with some different pricing formula.

To mark an insurer with a particular pricing formula go to the Manager menu, then the Setup menu, then the Insurance. Select the Advanced setup and put the name of the pricing formula in the field named RX - PRICING METHOD.

3.2.8 Miscellaneous Setup Programs

The *Miscellaneous Setup Programs Menu* is accessed from the POS Manager Menu. Selection of option "MISC" produces the sub-menu shown in Figure 41.

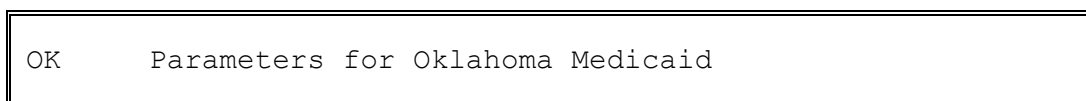


Figure 41; Miscellaneous Setup Programs

3.2.8.1 Parameters for Oklahoma Medicaid

The *Parameters for Oklahoma Medicaid Option* is accessed through the Miscellaneous Setup Programs Menu. This option configures some special parameters for Oklahoma Medicaid. You should use the following values:

Select ABSP SETUP NAME: `1 (` is above the TAB on many keyboards)

OK MEDICAID INSURANCE NAME: OKLAHOMA MEDICAID

OK MEDICAID LIMIT: 3
 OK MEDICAID CYCLE (SECONDS): 15

3.2.9 Enter/Edit providers' ID #s

The **Enter/Edit Providers' ID #s** is accessed from the POS Manager Menu. Option "PROV" prompts for a provider's name and then presents the provider ID number fields from the RPMS New Person file.

Select NEW PERSON NAME: SMITH, JOHN
 DEA#: Enter/edit ID numbers as appropriate.
 MEDICAID PROVIDER NUMBER:
 UPIN NUMBER:
 MEDICARE PROVIDER NUMBER:

3.2.10 POS Setup – Summary of Insurers

The **POS Setup – Summary of Insurers** is accessed from the POS Manager Menu. Option "SETS" produces a list of insurers set-up for electronic claims at your site, grouped by Dial Out and then by electronic claims format within each Dial Out. Review the example shown in Figure 42.

PHARMACY ELECTRONIC CLAIMS INSURERS			DEC 7,2000	12:39	PAGE 1
				Grace	Ins.
			Disp Fee	Per	Sel.
			Override	Override	Pts.

===== DIAL OUT to: ENVOY (800) 669-0099					
----- Using electronic FORMAT: OKLAHOMA MEDICAID					
MEDICAID			STANDARD		
OKLAHOMA MEDICAID			STANDARD		

Figure 42; Example of the Summary of Insurers Report

3.2.11 POS Setup – Detailed

The **POS Setup - Detailed** is accessed from the POS Manager Menu. Selection of option "SETD" produces a report showing the configuration setup of your site. An example is shown in Figure 43.

2128.12 UNBILLABLE DRUG NAME:	
----- Miscellaneous other settings -----	
1501	OUTSIDE LINE: 9
Also included in this report:	
A printout of file 9002335.55: ABSP POINT OF SALE - DIAL OUT	
A printout of file 9002335.54: ABSP POINT OF SALE - MODEM TYPES	
A printout of file 9002335.53: ABSP POINT OF SALE - PRICING TABLES	
(There are no specific settings for individual users.)	
DEVICE:	Right Margin: 80//

...SORRY, JUST A MOMENT PLEASE...

POINT OF SALE - DIAL OUT LIST
PAGE 1

OCT 31,2000 07:56

NAME: DEFAULT MODEM TYPE: MULTITECH MT5600xx
DESCRIPTION:
This is the default dial-out. It should be set up to match the site's
primary POS modem's characteristics. Use 9002335.99 field 440.01,
DEFAULT DIAL-OUT, to point to the specific dial-out to be used for
filling in any blanks - primarily the phone number.
-
The reason for this field is so that you don't have to fill in the dial-out
field on all the individual insurers.
BAUD RATE: 2400 DEVICE #: 56
CONNECTION TYPE: IP ADDRESS TCP IP ADDRESS: 161.223.196.27
TCP PORT NUMBER: 3002

NAME: ENVOY (800) 669-0099
SWITCH TYPE: ENVOY
DESCRIPTION:
Tranxact 2400 baud available in all states_
PHONE #: 18006690099

DEVICE: Right Margin: 80//

...HMMM, HOLD ON...

ABSP POINT OF SALE - MODEM TYPES LIST

OCT 31,2000 07:56

PAGE 1

NAME: MULTITECH MT5600xx CONNECT MESSAGE: CONNECT 2400
WRITE NEWLINE AFTER COMMAND: YES
INITIALIZATION STRING:
AT&F0E0Q0V1X4&E0&E3&K0%CO\N0\$SB2400+MS=2,0,2400,2400,,,
2400 QUERY FOR STATUS: ATIO+MS?&V0
QUERY LOOK FOR OK: YES

NAME: U.S. ROBOTICS Courier 2400e CONNECT MESSAGE: CONNECT
WRITE NEWLINE AFTER COMMAND: YES
INITIALIZATION STRING: ATE0F1V1&B0&H0&I0&M0&N0S9=3
OTHER SETUP INFO: E0 - Command mode echo off F1 - Local echo off once a
connection has been established V1 - Result codes Verbal mode &B0 - rate
detected from AT command (?) (B3 would be 1200, B4 2400) &H0 - Flow
control_
disabled (Transmit data) &I0 - Flow control disabled (Received data) &M0 -
Normal mode (normal or error control modes) (what does ARQ mean?) &N0 -
Normal
link operations (&N2 1200 baud, &N3 2400 baud) S9=3 - tenths of a second
needed to recognize connection made
QUERY FOR STATUS: ATIO4 QUERY TIMEOUT: 5
QUERY LOOK FOR OK: YES

DEVICE: Right Margin: 80//

...SORRY, LET ME PUT YOU ON 'HOLD' FOR A SECOND...

PRICING TABLES LIST

OCT 31,2000 07:56

PAGE 1

NAME	NUMBER	UNIT PRICE SOURCE	FORMULA	MULT BY	DISP FEE	IN USE
STANDARD	1	PSRX-AWP	LINEAR	1.00000	4.50	1

DEVICE: Right Margin: 80//

...SORRY, HOLD ON...

PHARMACY ELECTRONIC CLAIMS INSURERS

OCT 31,2000 07:56

PAGE 1

Ins.			Grace
Sel.		Disp Fee	Per
Insurer	Pricing Formula	Override	Override
Pts.			

===== DIAL OUT to: ENVOY (800) 669-0099			
----- Using electronic FORMAT: BC/BS OF AZ			
BC/BS OF ARIZONA INC.	STANDARD	1.50	
BC/BS OF AZ.-PPO	STANDARD	1.50	
BC/BS OF AZ.=PPO	STANDARD	1.50	

Figure 43; Example of Detailed POS Setup

3.3 STATISTICS AND MISCELLANEOUS

The *Statistics and Miscellaneous* menu is accessed from the POS Manager Menu. Selection of option “MGR” will produce a screen showing communications statistics and claims status. Please refer to the Statistics and Miscellaneous section of this manual for a detailed discussion of this menu option.

3.4 PHARMACY ELECTRONIC CLAIMS REPORTS

The *Pharmacy Electronic Claims Reports* menu is accessed from the POS Manager Menu. Selection of option “RPT” will produce the report sub-menu shown in Figure 44. Refer to the Reports Menu section for a detailed discussion of reports.

CLA	Claim results and status ...
SET	Setup (Configuration) reports ...
SURV	Surveys of RPMS database ...
OTH	Other Reports

Figure 44; Pharmacy Electronic Claims Reports Menu

3.5 COMMUNICATIONS - VIEW DIAL OUT LOG FILE

The *Communications – View Dial Out Log File* option is accessed from the POS Manager Menu (review Section 3.1).

Point of Sale maintains log files of its modem communications. This can be of use in diagnosing modem and communications problems. It asks for which Dial Out, and an output device. The most recent log file is printed. At the end of the report, you have option to look at the previous log file, and then the one before that, and so on. An example of the report is shown on the following page in Figure 45.

```

DISPLAY log file for which Dial Out: ENVOY (800) 669-0099//

DEVICE:

16:03:25  NOV 30,2000@16:03:25 58408,57805 3001130.160325 946.1
        Sender/Receiver Job 5 begins; DIALOUT=3
        ABSPOSAB - MODEM - OPEN - device 128
        ABSPOSAB - MODEM - E0 to turn echo off
        ABSPOSAW - MODEM - Waiting for string OK
        ABSPOSAW - MODEM - WAITSTR - Received expected OK
16:03:26  ABSPOSAB - MODEM - FLUSH - 2 byte(s) - \013\010
        ABSPOSAB - MODEM - INIT - ATZ command
        ABSPOSAW - MODEM - Waiting for string OK
        ABSPOSAW - MODEM - WAITSTR - Received expected OK
        .
        .
        .
16:03:44  ABSPOSAW - MODEM - WAITCHAR - Received ACK
        ABSPOSAW - MODEM - Waiting for: $C(2) timeout 60
16:03:46  ABSPOSAW - MODEM - WAITCHAR - Received STX
        ABSPOSAM - 2 - STX received from host
        ABSPOSAM - 3 - Gathering response from host
        ABSPOSAR - RESP - Begin gathering host system's response
16:03:51  ABSPOSAR - RESP - Received 1289 characters
        ABSPOSAM - 3 - Received 1289 bytes; LRC 104
        ABSPOSAM - 6 - Send ACK to host
        ABSPOSAM - CLAIM - END - #425
        ABSPOSAW - MODEM - Waiting for any of: $C(4) $C(5) timeout 3
16:03:52  ABSPOSAW - MODEM - WAITCHAR - Received EOT
        ABSPOSAW - MODEM - Received EOT from host
        ABSPOSAM - WAITCHAR tells us that modem is disconnected.
        ABSPOSQ3 - Complete transactions: 1
16:03:54  ABSPOSAB - MODEM - FLUSH - 10 byte(s) - -|%uUB?v\027M
        ABSPOSAB - MODEM - CLOSE - device 128
16:04:04  Sender/Receiver Job 5 ends
        DONE^ABSPOSL

```

Figure 45; Example of Dial Out Log

3.6 PHARMACY POS BACKGROUND SCAN

The *Pharmacy POS Background Scan* menu is accessed from the POS Manager Menu option "BACK."

This option was used during beta testing. Do not use.

3.7 CLAIMS DATA ENTRY SCREEN

The *Claims Data Entry Screen* menu is accessed from the POS Manager Menu option "USER." Refer to the User Menu section which examines this screen in detail.

3.8 TEST IT (SEND CLAIM, RECEIVE RESPONSE)

The *Claims Data Entry Screen* menu is accessed from the POS Manager Menu option “TEST.”

The test option sends a test claim and, if your dial out is configured correctly and working, a response is received. The test claim is a bogus claim, therefore a rejection is expected.

Here is an example. The prompt for the “Q” or “L” repeats every few seconds until the response is received. When the response is received, the FileMan contents are dumped and the message “The test succeeded!” prints.

If you don’t receive a response within 60 seconds, there is probably something wrong. Use the “L” option to print the communications log; it may reveal the problem. Use “Q” to quit the function.

The claim is rejected; this is the expected result. The data in the test claim is made up and you wouldn’t want it to come back payable.

The test may not work after regular business hours if the test claim is sent to an insurer whose claims systems do not have 24 hour connectivity.

Review the test transmission shown in Figure 46.

```
- - - - -
This is a test of the send-and-receive mechanism.
It sends a test claim to an insurer.
The claim should be rejected; it is only a test claim
and the data is made-up.
Create 9002335.02 claim for NEBRASKA MEDICAID TEST
Sending the test claim... it's been handed to the background job.
Wait several seconds for the response - probably about 60 seconds
  for a modem connection, or 30 seconds for the T1 line.
Type Q to Quit; L to view log file of transmission
Waiting for response to the test message...
Q to Quit; L to view Log:
Q to Quit; L to view Log:
Q to Quit; L to view Log:
Q to Quit; L to view Log:
Q to Quit; L to view Log:
Q to Quit; L to view Log:
Q to Quit; L to view Log:
Yes, response received!

ID: P01-002286-100012
  Date/Time Response Received: JAN 15, 2001@15:07:03
  Version/Release Number: 3C          Transaction Code: 01
  Response Status (Header): A          Plan Identification: FO
Medication Order: 1
  Response Status (Prescription): REJECTED CLAIM
  Reject Count: 04
  Message: PROVIDER NUMBER MISSING OR INVALID
Reject Code(s): 05
Reject Code(s): 52
Reject Code(s): 54
Reject Code(s): 38
  RAW DATA RECEIVED:
    3C01A FO          R0405525438          PROVIDER NUMBER
    MISSI
    NG OR INVALID
    FP

The test succeeded!
```

Figure 46; Example of Report of Test Transmission

4. BILLING INTERFACE FOR THIRD PARTY BILLING

This section describes the Pharmacy Point of Sale interface with the RPMS Third Party Billing package and Accounts Receivable package. The purpose of the interface is to create Third Party Billing records corresponding to payable electronic claims.

Prior to this, it is assumed that the Site Manager has

- configured Point of Sale to include the interface with RPMS Third Party Billing.
- allocated the ABSPZ BILLER and ABSPZ REPORTS keys to the Business Office personnel who need access to Pharmacy Point of Sale reports.
- allocated the ABSPZ USER key to Business Office personnel who are authorized to initiate and reverse claims using the Point of Sale Data Entry screen.

4.1 THE POINT OF SALE BILLING MENU

There are no special billing functions on the Point of Sale Billing menu because all of the billing work is done elsewhere.

- Charges are posted silently and automatically as pharmacy transactions complete.
- Payments are posted to the RPMS Accounts Receivable Package.

There is a Billing Menu; however, it simply links to a couple of Point of Sale tools that may be useful in a billing situation. (Review Figure 47)

```
*****
*          PHARMACY POINT OF SALE V1.0          *
*                  SANTA FE HO                  *
*          RX Point of Sale Billing Menu          *
*****

RPT      Pharmacy electronic claims reports ...
PPOS     Claims data entry screen...

Select RX Point of Sale Billing Menu Option:
```

Figure 47; RX Point of Sale Billing Menu

4.1.1 Pharmacy Electronic Claims Reports

The *Pharmacy Electronic Claims Report Menu* and sub-menus can be accessed from the RX Point of Sale Billing Menu by selecting option “RPT.” Refer to the Reports section of this manual for a detailed discussion of this option.

4.1.2 Claims Data Entry Screen

The *Claims Data Entry Screen* can be accessed from the RX Point of Sale Billing Menu by selecting option “PPOS.” Refer to the User Menu section for a detailed discussion of this option.

You will use it in rare cases where you need to reverse a previously payable claim or file a new electronic claim. Depending on your site's business practices, this could require total, some, or no coordination with pharmacy staff. The PPOS option may not be available on your menu. As a general rule, leave data entry to the pharmacy as much as possible.

Data entry from the Business Office may be needed in the case of a rejected claim that can be resubmitted for payment, if the pharmacy has not already taken care of the rejection. For example, if the registration data had an incorrect cardholder ID number and the claim was rejected, but a week later, the correct number is available, the claim should be rebilled. You might correct the registration data, then resubmit the claim. Each site will determine the department responsible for resubmission of claims.

4.2 POSTING PHARMACY CHARGES TO ACCOUNTS RECEIVABLE

Normally, the pharmacy initiates all Point of Sale claims and reversals and some of the resulting charges are silently and automatically posted to Accounts Receivable by the POS interface to Third Party Billing.

Charges are posted to Accounts Receivable automatically when

- an electronic claims transaction completes.
- the insurer indicates that the claim is payable.
- or the insurer indicates that the claim has been "Captured".

A captured claim means that the insurer acknowledges receipt of the electronic claim but has deferred adjudication. The result of the adjudication will appear on a future Explanation of Benefits (EOB) from the insurer.

The rest of the charges are not posted to Accounts Receivable. These include

- Charges for patients without insurance.
- Charges for patients with insurance, but the insurance can't be billed electronically.

- Charges for patients with insurance, but the drug is unbillable (such as over-the-counter drugs).
- Unsuccessful electronic claims (rejected by the insurance).

4.3 REVERSED CLAIMS

The pharmacy may reverse some claims. Sometimes the claim is reversed and never resubmitted, such as if the prescription is canceled and the drugs are returned to stock. Sometimes the claim is reversed and then resubmitted, such as when the prescription quantity or the NDC number is changed.

4.4 POSTING PAYMENTS

The insurers pay electronic claims usually within a week or two. A check and an EOB will be sent to your site, and the payments are posted against the charges created.

In Appendix C, figure 67, is an example of an EOB from Oklahoma Medicaid, as processed by Unisys. Note that the only identifying item on this EOB is the prescription number. This is an internal prescription number, so when accessing the record, the lookup number must be preceded by the “” accent key (located over the tab key and to the left of the “1” key on most keyboards), as in `123456. Review the example below the Note.

NOTE: External prescription numbers are not used for reference because the NCPDP Standards for pharmacy electronic claims define a prescription number as 7 digits, no alpha characters allowed. Some RPMS pharmacies use prescription numbers with an alpha character, such as 123456A. Point of Sale is not allowed to send a prescription number with an alpha character—the claim would be rejected because of a M/I PRESCRIPTION NUMBER. The internal prescription number, (the number assigned by FileMan) is sent to the insurer. FileMan's way of accepting internal numbers as input is to use the “” character, located above the TAB and to the left of the 1 on most keyboards.

Select PRESCRIPTION RX #: `77789 77789 LISINOPRIL 10MG TAB

Appendix C, Figure 68, is an example of an EOB from New Mexico Medicaid as processed by Consultec.

4.5 REJECTIONS

Each site will determine whether the pharmacy department or the billing department is responsible for investigating rejected claims. Business Office personnel may need to become familiar with the rejection codes and the techniques for dealing with rejected claims. See Appendix A for more information regarding rejection codes.

5. REPORTS MENU

The Reports Menu provides a variety of reports and surveys which can help you manage your Point of Sale (POS) process. The *Pharmacy Electronic Claims Reports* menu is accessed from the core menu shown in figure 1 of the User Section. Selection of option “RPT” will produce the sub-menu shown in Figure 48.

CLA	Claim results and status ...
SET	Setup (Configuration) reports ...
SURV	Surveys of RPMS database ...
OTH	Other Reports

Figure 48; Pharmacy Electronic Claims Reports Menu

5.1 CLAIM RESULTS AND STATUS

The *Claim Results and Status* menu is accessed from the Pharmacy Electronic Claims Reports menu (review Figure 48). Selection of option “CLA” will produce the sub-menu shown in Figure 49. You will need to determine the frequency each report will be generated for your site, depending on prescription volume and business needs.

PAY	Payable claims report
REJ	Rejected claims report
CAP	Captured claims report
PAP	Paper claims report
UN	Uninsured claims report
DUP	Duplicate claims report (should be none)
MISS	Find prescriptions missed by POS
NRV	Reversals needed
URM	Update Report Master File for a date range
REC	Recent transactions
STR	List possibly stranded claims
DAY	TOTALS - by RELEASED DATE
INS	TOTALS - by INSURER

Figure 49; Claim Results and Status Menu

The reports (PAY through MISS) are oriented to the pharmacy's record of the Released Date/Time and the latest status of the claim. Therefore, the same report can give different results if it's run on different days. For example, suppose you print the PAY report for January 17 at the end of the day. On January 18, you print the REJ report, make corrections to Cardholder ID numbers, resubmitt the claims and receive payment. On

January 19, you re-run the PAY report for January 17 and receive different totals than contained on the original report. The totals will change again if on January 20 an unopened prescription dispensed on January 17th is returned to the pharmacy and the claim is reversed. Another way reports could change over time is the pharmacy record change of Released Date/Time so a prescription is attributed to a different date on a subsequent report.

5.1.1 Payable Claims Report

The ***Payable Claims Report*** is accessed from the Claim Results and Status Menu (review Section 5.1). Option “PAY” will produce a report that lists payable electronic claims, grouped by insurer. Both billed and paid amounts are shown. An example of a full report can be viewed in Appendix B, Figure 63.

5.1.2 Rejected Claims Report

The ***Rejected Claims Report*** is accessed from the Claim Results and Status Menu (review Section 5.1). Option “RJT” will produce a report that lists rejected claims, grouped by insurer and patient. The billed amount is shown and the most expensive prescriptions are listed first for each patient. The rejection reasons, as received from the insurer in response to the electronic claim, are shown. The insurer's Help Desk phone number is at the top of the report. An example of a full report can be viewed in Appendix B, Figure 64.

Tips for calling an insurer Help Desk.

- Research the claim first. It will save time for you and the Help Desk if all the information required to solve the problem is available during the call.
- Have the pharmacy's NCPDP number (also known as an NABP number) available. That is usually the first question the Help Desk asks. If your Point of Sale system deals with multiple outpatient sites, each site could have a different NCPDP number.
- The insurer recognizes claims by the FileMan internal entry prescription number; that's why the report uses the internal rather than the external number.
- If there's an WebMD (Envoy) rejection code (EV and a number), call WebMD (Envoy), not the insurer.

5.1.3 Captured Claims Report

“CAP” lists captured claims. These are claims that the insurer acknowledges receiving, but for which adjudication has been deferred. The result—payment or rejection—will be known when the EOB arrives.

5.1.4 Paper Claims Report

The *Paper Claims Report* is accessed from the Claim Results and Status Menu (review Section 5.1). Option “PAP” lists paper claims. Point of Sale doesn't actually produce paper claims—these are claims that could be billed to various other insurers through the RPMS 3rd Party Billing system. If you have numerous claims for a particular insurer, consider sending the claims electronically. The format might already be included in Point of Sale (See RPT/OTH/FMT.). A contract with the insurer is required before electronic claims will be accepted.

5.1.5 Uninsured Claims Report

The *Uninsured Claims Report* is accessed from the Claim Results and Status Menu (review Section 5.1). Option “UN” lists claims for uninsured patients. The claims are grouped by the patients' eligibility status. This is especially useful if there are claims for non-beneficiaries and you want to know the number and value of such claims.

5.1.6 Duplicate Claims Report

The *Duplicate Claims Report* is accessed from the Claim Results and Status Menu (review Section 5.1). Option “DUP” lists duplicates of payable electronic claims. This happens if the claim has already been paid and it is submitted to the insurer again without having first been reversed. In general, this should never happen.

5.1.7 Find Prescriptions Missed by POS

The *Find Prescriptions Missed by POS* report is accessed from the Claim Results and Status Menu (review Section 5.1). Option “MISS” lists claims missed by Point of Sale. If your site does manual data entry to Point of Sale, you might want to run this report regularly. Otherwise, there should never be any missed claims.

5.1.8 Reversals Needed

The *Reversals Needed* report is accessed from the Claim Results and Status Menu (review Section 5.1). Option “NRV” lists all the claims for prescriptions which are deleted (or marked for deletion) or marked with a RETURNED TO STOCK date/time.

5.1.9 Update Report Master File for a Date Range

The *Update Report Master File for a Date Range* report is accessed from the Claim Results and Status Menu (review Section 5.1). Option “URM” updates the Report Master file thoroughly for a date range that you specify. Each of the preceding reports (“PAY” through “MISS”) does a quick update of the Report Master file and then uses the Report Master file as the source of its data. It may be possible for a transaction to be missed in the reports if the Prescription file dates change, or if certain activities are separated by a day or more. Use “URM” if 100% accuracy (rather than 99% accuracy) is needed.

5.1.10 Recent Transactions

The *Recent Transactions* report is accessed from the Claim Results and Status Menu (review Section 5.1). Option “REC” will summarize recently completed transactions. You will be prompted for a date range. This report lists transactions starting with the most recent and working backward. The completion time and the elapsed time in seconds are also reported. The date of your previous parameter selection will be displayed. You will be prompted for starting and ending dates, which in most instances will be “T” (today). An example of a full report can be viewed in Appendix B, Figure 65.

5.1.11 List Possibly Stranded Claims

The *List Possible Stranded Claims* report is accessed from the Claim Results and Status Menu (review Section 5.1). Option “STR” will produce a report that will allow you to view claims that did not finish processing due to an unexpected software or hardware problem. The hoped for result is

```
***NO RECORDS TO PRINT***.
```

If there are any stranded claims, RPMS Support Center can run a program to clean them up and then the claims can be resubmitted. Parameters can be entered to focus on a particular day as shown with the following prompt.

```
* Previous selection: START TIME not null
  START WITH START TIME: FIRST// t-2 (NOV 19, 2000)
  GO TO START TIME: LAST// t (NOV 21, 2000@24:00:00)
```

5.1.12 Totals - by Released Date

The *Totals – by Released Date* report is accessed from the Claim Results and Status Menu (review Section 5.1). Option “DAY” totals each day's Point of Sale activity by categories (see column headings in Figure 50).

“SHORTED” amounts are the difference between the amount billed in the electronic claim and the amount the insurer replied with as “PAYABLE.” The shorted figure may include what the insurer has designated as patient co-pay. “PAPER” refers to claims for patient with insurance, but for which electronic claims are not yet set up.

“UNINSURED” includes both native beneficiaries and non-natives without any insurance coverage on file.

POINT OF SALE TOTALS					FEB 3,2001		
From JAN 27,2001 thru FEB 3,2001					11:34 AM		
	PAYABLE	SHORTED	PAPER	CAPTURED	REJECTED	UNINSURED	OTHER
JAN 29,2001							
SUBTOTAL	157.78	51.81	2410.25	0.00	274.30	6767.16	0.00
JAN 30,2001							
SUBTOTAL	45.62	5.02	1047.82	0.00	20.62	5321.28	0.00
JAN 31,2001							
SUBTOTAL	0.00	0.00	1017.46	0.00	376.49	8106.31	0.00
FEB 1,2001							
SUBTOTAL	204.29	341.03	4236.73	0.00	244.30	3351.28	0.00
FEB 2,2001							
SUBTOTAL	93.05	15.25	1369.20	0.00	122.16	2671.12	0.00
TOTAL	500.74	413.11	10081.46	0.00	1037.87	26217.15	0.00

Figure 50; Example of Totals – by Released Date Report

5.1.13 Totals - by Insurer

The **Totals – by Insurer** report is accessed from the Claim Results and Status Menu (review Section 5.1). Option “INS” prompts you for a range of insurer names and then a range of prescription released dates. See the examples in Figures 51 and 52 on the following page.

- To get totals for just one insurer, answer both START WITH and GO TO with the same insurer name.
- To see the total for uninsured patients as well, answer the START WITH prompt with @. The uninsured total will be the first one in the report and is labeled as EMPTY.

```
START WITH TRANSACTION:INSURER: FIRST// @
GO TO TRANSACTION:INSURER: LAST//
  * Previous selection: RELEASED DATE from Jan 27,2001
START WITH RELEASED DATE: FIRST// T-7 (JAN 27, 2001)
GO TO RELEASED DATE: LAST// T (FEB 03, 2001)
DEVICE: Right Margin: 80//
```

POINT OF SALE TOTALS					FEB 3,2001		
From JAN 27,2001 thru FEB 3,2001					11:40 AM		
	PAYABLE	SHORTED	PAPER	CAPTURED	REJECTED	UNINSURED	OTHER
EMPTY							
SUBTOTAL	0.00	0.00	0.00	0.00	0.00	26217.15	0.00
ADVANCE PARADIGM							
SUBTOTAL	0.00	0.00	22.37	0.00	0.00	0.00	0.00
AETNA US HEALTHCARE BENEFITS							
SUBTOTAL	0.00	0.00	14.46	0.00	0.00	0.00	0.00
AETNA US HEALTHCARE/PA							
SUBTOTAL	0.00	0.00	109.88	0.00	0.00	0.00	0.00
AMER POSTAL WORKERS UNION							
SUBTOTAL	0.00	0.00	302.68	0.00	0.00	0.00	0.00
BC/BS OF OKLAHOMA							
SUBTOTAL	0.00	0.00	73.17	0.00	0.00	0.00	0.00
BC/BS OKLA/FEDERAL							
SUBTOTAL	0.00	0.00	1700.15	0.00	0.00	0.00	0.00
BILL'S MEDICAL BENEFITS PLAN							
SUBTOTAL	0.00	0.00	356.16	0.00	0.00	0.00	0.00

Figure 51; Example of Totals – by Insurer Report Page One

	PAYABLE	SHORTED	PAPER	CAPTURED	REJECTED	UNINSURED	OTHER
SECURE HORIZONS							
SUBTOTAL	0.00	0.00	256.47	0.00	0.00	0.00	0.00
SOONER HEALTH PLAN							
SUBTOTAL	0.00	0.00	25.13	0.00	0.00	0.00	0.00
STUDENT ASSURANCE SERVICES							
SUBTOTAL	0.00	0.00	149.07	0.00	0.00	0.00	0.00
UNICARE-RX							
SUBTOTAL	0.00	0.00	328.25	0.00	0.00	0.00	0.00
UNITED COMMERCIAL TRAVELERS							
SUBTOTAL	0.00	0.00	355.27	0.00	0.00	0.00	0.00
UNITED HEALTHCARE							
SUBTOTAL	0.00	0.00	373.79	0.00	0.00	0.00	0.00
UNIVERSAL FIDELITY LIFE INS CO							
SUBTOTAL	0.00	0.00	277.57	0.00	0.00	0.00	0.00
WAL-MART/RX							
SUBTOTAL	0.00	0.00	268.65	0.00	0.00	0.00	0.00
TOTAL	500.74	413.11	10081.46	0.00	1037.87	26217.15	0.00

Figure 52; Example of Totals – by Insurer Report Page Two

5.2 SETUP (CONFIGURATION) REPORTS

The *Setup (Configuration) Reports* menu is accessed from the Pharmacy Electronic Claims Reports menu (review Section 3.4). Option “SET” will produce the sub-menu shown in Figure 53:

DET	POS Setup - Detailed Report
SUMI	POS Setup - Summary of Insurers
USER	Display user preference settings
Select Setup (Configuration) reports Option:	

Figure 53; Setup (configuration) Reports Menu

5.2.1 POS Setup - Detailed

The ***POS Setup – Detailed*** is accessed from the Setup (Configuration) Reports menu (review Section 5.2). Option “DET” produces a listing of the current configuration settings for your Point of Sale system. You will need to respond to the device prompt several times when you select this option. This report should be generated after completing the initial setup to verify that all information was correctly entered and again when changes are made to verify the alteration.

5.2.2 POS Setup - Summary of Insurers

The ***POS Setup – Summary of Insurers*** is accessed from the Setup (Configuration) Reports menu (review Section 5.2). Option “SUMI” produces a report that lists the following properties for each Insurer that is part of your system.

- Pricing formula
- Dispense fee override
- Grace per override
- Insurance Selection points

You will want to run this report to verify insurer information has been correctly entered after the initial setup.

5.2.3 Display User Preference Settings

The ***Display User Preference Settings*** is accessed from the Setup (Configuration) Reports menu (review Section 5.2). Option “USER” produces a list, sorted by user, of the preferences set for each user. The following items are listed for each user.

- Ask insurance
- Ask preauthorization
- Ask pricing
- Ask fill date
- Define NDC

5.2.4 Surveys of RPMS Database

The ***Surveys of RPMS Database*** menu is accessed from the Pharmacy Electronic Claims Reports menu. Option “SURV” will produce the sub-menu shown in Figure 54.

```

INS  Survey insurers by frequency
PROV Survey if recent providers have ID #s
VOL  Survey of volume
DIV  Survey pharmacy divisions
BEN  Survey patients' beneficiary/eligibility status

```

Figure 54; Survey of RPMS Data Menu

5.2.5 Survey Insurers by Frequency

The *Survey Insurers by Frequency* is accessed from the Surveys of RPMS Database menu. Option “INS” will begin the process.

Use this survey to see which private insurers are most common among your patients. This helps you decide which insurers should be targeted for pharmacy agreements.

In the example in Figure 55, you will see that Alaska Medicaid claims are already being sent electronically. *Blue Cross of Washington and Alaska* is the most common primary insurance not yet being sent electronically.

```

Survey insurances from recent prescriptions to see which
additional formats we might like to have.

Start date: SEP 12,2000//
...thinking...

DEVICE: HOME//      Right Margin: 80//
Survey of Insurers (ABSPOS32)  11-NOV-00  1:09 PM
Count  Name                                     Now sending format
2656   SELF PAY(`1552)
510    ALASKA MEDICAID(`543)                     ALASKA MEDICAID
92     BLUE CROSS OF WA/AK(`1075)
73     BLUE CROSS & BLUE SHIELD(`137)
49     GREAT WEST LIFE ASSURANCE(`132)
48     AETNA US HLTHCARE (ASE) (`1508)
37     AETNA US HLTHCARE (RSE) (`1509)
29     CHAMPUS(`123)
21     MAILHANDLERS BENEFIT PLAN(`931)

```

Figure 55; Example of the Survey Insurers by Frequency Report

5.2.6 Survey if Recent Providers Have ID #s

The *Survey if Recent Providers have ID #s* is accessed from the Surveys of RPMS Database menu. Option “PROV” will begin the process. Review the report in Figure 56 on the following page.

Prescribers' ID numbers are required on most electronic claims. Commercial insurance claims usually require the DEA number and Medicaid claims usually require the Medicaid number.

In many if not most cases, your pharmacy's default numbers may be used when individual prescribers' numbers are not on file.

However, if you want to send claims with prescribers' actual ID numbers, this report helps you decide which numbers to try to obtain first. It looks back in time and tallies how many fills and refills are due to each prescriber.

To enter/edit the provider ID numbers in the RPMS database, go to the Manager Menu and then the Setup Menu and pick option "PROV," ***Enter/Edit Providers' ID #s.***

```

Survey prescribers from recent prescriptions and see if we have
DEA #s, Medicaid #s, etc. on file for them.

Start date: SEP 12,2000//
...thinking...

DEVICE: HOME//      Right Margin: 80//
Survey of Prescribers (ABSPOS31)  11-NOV-00  11:04 AM
Count  Name                DEA #      CAID      UPIN      CARE
165 xxxxxxxxxxxx,xxxxx x, MD      MD####      PHS000
146 xxxxx,xxx xxxxx,ANP      xy#####
146 xxxxxxxx,xxxxx x, MD      MD####      PHS000
108 xxxxxxxx,xxxxxx x, MD      MD####      PHS000
.
.
.
8 xxxxxxxxxxx,xxx x, MD      PHS000
2 xxxxxxx,xxxxxx x, MD      MD####      PHS000

```

Figure 56; Survey if Recent Providers have ID #'s report

5.2.7 Survey of Volume

The ***Survey of Volume*** is accessed from the Surveys of RPMS Database menu (review Section 5.2). Option "VOL" begins the process. You will enter a date range you wish to review for the number of transactions that are recorded via POS. The report lists data in a weekly format, sub-divided by daily totals.

5.2.8 Survey Pharmacy Divisions

The ***Survey Pharmacy Divisions*** is accessed from the Surveys of RPMS Database menu. Option "DIV" begins the process. Review an example of the report in Figure 57. This survey reports fills and refill counts by Outpatient Site.

```

Start date: SEP 12,2000//
...thinking...

4404    xyz  PHARMACY*(`5)
841     pqr  *lmno PHARMACY*(`3)
433     abc  *abcd PHARMACY*(`4)

```

Figure 57; Survey Pharmacy Divisions Report

5.2.9 Survey Patients' Beneficiary/eligibility Status

The *Survey Patients' Beneficiary/eligibility Status* is accessed from the Surveys of RPMS Database menu (review Section 5.2). Option "BEN" begins the process.

This survey counts how many fills and refills were made, sorted by the patients' beneficiary classification and eligibility status. Review an example of the report in Figure 58.

```

Survey BENEFICIARY/ELIGIBILITY status from recent prescriptions

Start date: SEP 12,2000//
...thinking...

DEVICE: HOME//      Right Margin: 80//

Survey of Beneficiary/Eligibility Status (ABSPOS34)    11-NOV-00    1:20 PM
Count  Status
3351   INDIAN/ALASKA NATIVE,CHS & DIRECT
440    INDIAN/ALASKA NATIVE,PENDING VERIFICATION
30     DEPENDENTS OF COMM OFFICER,DIRECT ONLY
23     COMMISSIONED OFFICER,DIRECT ONLY
5      MIL RET PERSONNEL DEP,DIRECT ONLY
5      NON-INDIAN ELECTIVE,INELIGIBLE
5      U.S. PHS RET COMM OFF,DIRECT ONLY
3      INDIAN/ALASKA NATIVE,DIRECT ONLY
3      MILITARY,DIRECT ONLY
3      OTHER,INELIGIBLE
1      ???
1      NON-INDIAN SPOUSE,INELIGIBLE
1      OTHER,PENDING VERIFICATION
1      PHS FIELD EMPLOYEES,INELIGIBLE

```

Figure 58; Example of Survey Patients' Beneficiary/eligibility Status Report

5.3 OTHER REPORTS

The *Other Reports* menu is accessed from the Pharmacy Electronic Claims Reports menu (review Section 5.3). Option "OTH" will produce the sub-menu in Figure 59.

```

      FMT      List electronic claims formats
      FLD      List NCPDP Fields

Select Other reports Option:

```

Figure 59; Other Reports Menu

5.3.1 List Electronic Claims Formats

The **List Electronic Claims Formats** report is accessed from the Other Reports menu (review Section 5.3). Option “FMT” produces a list of electronic insurers, their format and the insurer Help Desk phone number. Review the example in Figure 60.

PHARMACY ELECTRONIC CLAIMS FORMATS			JAN 24,2001 15:01 PAGE 1		
Format	BIN	Envoy Plan Number	Help Telephone #		

Production/Testing Status: PRODUCTION					
ALASKA MEDICAID	002286				
BC/BS OF AZ	603017	5772	(800)	325-1810	
OKLAHOMA MEDICAID	004402	2763	(405)	271-6349	
PCS	610415	1	(800)	345-5413	
Production/Testing Status: DEVELOPMENT					
NEW MEXICO MEDICAID	610084		(800)	365-4944	
PROVANTAGE	600685		(800)	784-0881; (414) 784-4600	
Production/Testing Status: FIELD TESTING					
PAID PRESCRIPTIONS	610014	11	(800)	922-1557	

Figure 60; List Electronic Claims Format Report

List NCPDP Fields

The **List NCPDP Fields** report is accessed from the Other Reports menu (review Section 5.3). Option “FLD” produces a list of NCPDP numbers and their corresponding file names. This report is seldom, if ever, needed.

6. STATISTICS AND MISCELLANEOUS OPTIONS

The Statistics and Miscellaneous Options Screen allows you to view information that is useful in managing your POS functionality. This screen is accessed from the Pharmacy POS Manager Menu through option “MGR,” (review Figure 61).

SET	Pharmacy Point of Sale Setup Menu ...
MGR	Statistics & misc. options screen...
RPT	Pharmacy electronic claims reports ...
COMM	Communications - View Dial Out Log File
USER	Claims data entry screen...

Figure 61; Pharmacy POS Manager Menu

The screen shown in Figure 62 will appear. This is the first of three pages of statistical information. The “action” selections are explained following the screen.

POINT OF SALE MANAGEMENT				Nov 18, 1999 14:20:43				Page: 1 of 3							
* * * * * COMMUNICATIONS STATISTICS * * * * *												* CLAIM STATUS *		Now	Avg
	Packets	Per min	Bytes	Per Min	Waiting to start										
Sent	402	0.1	403	0	Gathering info							1			
Recd	404	0.1	405	0	Wait packet build										
Total claims	814	Average per min		0.3	Building packet										
Average claims per packet		2.02		Wait for transmit							2				
Average seconds per transaction		1.24		Transmitting											
			Now	Average	Receiv'g response										
Packets waiting to be sent		5		Wait resp process											
Responses waiting for proc				Proces'g response											
* * Transaction Codes * * *												Comms Problems * *		* CLAIM RESULTS *	
01:	411	04:	414		Dialing out	1,207		203	Paid claims						
02:	412	11:	415		Sending data	0		202	Rejected claims						
03:	413	Oth:	419		Rec'v'g data	4,019		201	Unbillable claims						
					We sent NAK	408		204	Duplicate claims						
								205	Captured claims						
+ Enter ?? for more actions															
UC	Update continuously		TMR	Transmitter status											
U1	Update the display		POK	Poke the queues											
Z	Zero (clear) stats		JOB	Number of transmitters											
Select Action:U1//															

Figure 62; Page one of the Statistical Screens

6.1 UC - UPDATE CONTINUOUSLY

The statistics are updated every few seconds. Press Q to stop the updating and select a different option.

6.2 U1 - UPDATE THE DISPLAY

The statistics are updated once.

6.3 Z - ZERO (CLEAR) STATS

The statistics are reset to zero. This is useful for looking at short-term averages, such as during a time of heavy activity. You may choose to either zero your local copy of the statistics, or to zero the permanent copy.

6.4 TMR - TRANSMITTER STATUS

Use this option to turn the transmitter-receiver activity off and on. This might be useful if you are going to reboot an IP address or swap modems. Another case might be if the switch company is not reachable, such as during a phone system failure.

While the transmitter is off, claims accumulate with status = 50 (waiting to transmit) and all claims will be submitted when the transmission connection is re-established.

6.5 POK - POKE THE QUEUES

If something has gone wrong internally and claims are stuck in some status without being able to advance, "poking" the processing queues might work around the problem.

6.6 JOB - NUMBER OF TRANSMITTERS

You can define a maximum number of transmitter-receiver jobs by using this option. You might use it if you added more modems and wanted to make sure the system was able to make use of them all at once.

7. APPENDIX A - REJECTION CODES

The following list of rejection codes is grouped by general area of concern: registration and insurance information, pharmacy information, network and communications, and miscellaneous rejections. Each section contains suggestions on procedures to follow for each general type of rejection.

7.1 REJECTIONS RELATED TO REGISTRATION AND INSURANCE INFORMATION

One or more of the rejection codes listed below will display when the insurer denies the claim for demographic or eligibility concerns. When you receive a rejection response, proceed as follows:

1. If the rejection is due to incorrect demographic information, verify that the data in PCC is correct.
2. If PCC data was corrected, retransmit the claim.
3. If the rejection is invalid, print a LOG and notify support.
4. If the rejection is valid, bill to next payer or write-off balance.

Code	Explanation
06	M/I GROUP NUMBER
07	M/I CARDHOLDER ID NUMBER
09	M/I BIRTHDATE
10	M/I SEX CODE
M/I	RELATIONSHIP CODE
25	M/I PRESCRIBER ID*
35	M/I PRIMARY PRESCRIBER*
52	NON-MATCHED CARDHOLDER ID
65	PATIENT IS NOT COVERED
67	FILLED BEFORE COVERAGE EFFECTIVE
68	FILLED AFTER COVERAGE EXPIRED
69	FILLED AFTER COVERAGE TERMINATED
70	NDC NOT COVERED*
71	PRESCRIBER IS NOT COVERED*
72	PRIMARY PRESCRIBER IS NOT COVERED*
CA	M/I PATIENT FIRST NAME
CB	M/I PATIENT LAST NAME
CC	M/I CARDHOLDER FIRST NAME
CD	M/I CARDHOLDER LAST NAME

* or could be pharmacy package information.

7.2 REJECTIONS RELATED TO RPMS PHARMACY INFORMATION

One or more of the rejection codes listed below will display when the insurer denies the claim for invalid prescription related data. When you receive a rejection response, proceed as follows:

1. If the rejection is due to incorrect prescription data, verify data in the Pharmacy Package.
2. If PCC data was corrected, retransmit the claim.
3. If the rejection is invalid, print a LOG and notify the insurer's Help Desk.
4. If the rejection is valid, bill to next payer or write-off balance.

Code	Explanation
------	-------------

15	M/I DATE FILLED
16	M/I PRESCRIPTION NUMBER
17	M/I NEW-REFILL CODE
18	M/I METRIC QUANTITY
19	M/I DAYS SUPPLY
20	M/I COMPOUND CODE
21	M/I NDC NUMBER
22	M/I DISPENSE AS WRITTEN CODE
23	M/I INGREDIENT COST
25	M/I PRESCRIBER ID*
28	M/I DATE PRESCRIPTION WRITTEN
M/I	NUMBER REFILLS AUTHORIZED
M/I	PRIMARY PRESCRIBER
54	NON-MATCHED NDC NUMBER
55	NON-MATCHED NDC PACKAGE SIZE
73	REFILLS ARE NOT COVERED
79	REFILL TOO SOON
80	DRUG-DIAGNOSIS MISMATCH
88	DUR REJECT ERROR

*or could be PCC information

7.3 REJECTIONS RELATED TO THE NETWORK AND COMMUNICATIONS BEYOND LOCAL CONTROL

One of the rejection codes listed below will display when the insurer is unavailable or unable to accept transmissions. Usually, Point of Sale will handle this situation for you and the claim will be retried every so often. In some cases, the insurer's computer may be shut down overnight, but the retries will continue every couple of hours until a response is received.

If you receive a rejection response, proceed as follows:

1. The claim can probably be retransmitted at a later time.
2. If the problem persists, the insurer's system support should be notified.

Code	Explanation
------	-------------

----	-----
96	SYSTEM UNAVAILABLE/HOST UNAVAILABLE
97	PLANNED UNAVAILABLE
98	SCHEDULED DOWNTIME
99	PAYOR UNAVAILABLE
100	CONNECTION TO PAYOR IS DOWN

7.4 MISCELLANEOUS REJECTIONS

The rejection codes listed below should display infrequently. When you receive a rejection response print a LOG and notify support if any of these occur.

Code	Explanation
------	-------------

-----	-----
01	M/I BIN
02	M/I VERSION NUMBER
03	M/I TRANSACTION CODE
04	M/I PROCESSOR CONTROL NUMBER
05	M/I PHARMACY NUMBER
08	M/I PERSON CODE
12	M/I CUSTOMER LOCATION CODE
13	M/I OTHER COVERAGE CODE
14	M/I ELIGIBILITY OVERRIDE CODE
24	M/I SALES TAX
25	M/I PRESCRIBER ID
26	(FUTURE USE)
27	(FUTURE USE)
30	M/I P.A./M.C. CODE AND NUMBER
31	(FUTURE USE)
32	M/I LEVEL OF SERVICE

33 M/I PRESCRIPTION ORIGIN CODE
34 M/I PRESCRIPTION DENIAL OVERRIDE
36 M/I CLINIC ID
37 (FUTURE USE)
38 M/I BASIS OF COST
39 M/I DIAGNOSIS CODE
40 PHARMACY NOT CONTRACTED WITH PLAN ON DATE OF SERVICE
41 SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYOR
42-49 (FUTURE USE)
50 NON-MATCHED PHARMACY NUMBER
51 NON-MATCHED GROUP NUMBER
53 NON-MATCHED PERSON CODE
56 NON-MATCHED PRESCRIBER ID
57 NON-MATCHED P.A./M.C. NUMBER
58 NON-MATCHED PRIMARY PRESCRIBER
59 NON-MATCHED CLINIC ID
60-64 (FUTURE USE)
66 PATIENT AGE EXCEEDS MAXIMUM AGE
74 OTHER CARRIER PAYMENT MEETS OR EXCEEDS PAYABLE
75 PRIOR AUTHORIZATION REQUIRED
76 PLAN LIMITATIONS EXCEEDED
77 DISCONTINUED NDC NUMBER
78 COST EXCEEDS MAXIMUM
81 CLAIM TOO OLD
82 CLAIM IS POST-DATED
83 DUPLICATE PAID/CAPTURED CLAIM
84 CLAIM HAS NOT BEEN PAID/CAPTURED
85 CLAIM NOT PROCESSED
86 SUBMIT MANUAL REVERSAL
87 REVERSAL NOT PROCESSED
89 REJECTED CLAIM FEES PAID
90 HOST HUNG UP
91 HOST RESPONSE ERROR
94 INVALID MESSAGE
95 TIME OUT
99 HOST PROCESSING ERROR
CE HOME PLAN
CF EMPLOYER NAME
CG EMPLOYER STREET ADDRESS
CH EMPLOYER CITY ADDRESS
CI EMPLOYER STATE ADDRESS
CJ EMPLOYER ZIP CODE
CK EMPLOYER PHONE NUMBER
CL EMPLOYER CONTACT NAME
CM PATIENT STREET ADDRESS
CN PATIENT CITY ADDRESS
CO PATIENT STATE ADDRESS

CP	PATIENT ZIP CODE
CQ	PATIENT PHONE NUMBER
CR	CARRIER ID NUMBER
CT	PATIENT SOCIAL SECURITY NUMBER
DP	M/I DRUG TYPE OVERRIDE
DQ	M/I USUAL AND CUSTOMARY
DR	M/I DOCTORS LAST NAME
DS	M/I POSTAGE AMOUNT CLAIMED
DT	M/I UNIT DOSE INDICATOR
DU	M/I GROSS AMOUNT DUE
DV	M/I OTHER PAYOR AMOUNT
DW	M/I BASIS OF DAYS SUPPLY DETERMINATION
DX	M/I PATIENT PAID AMOUNT
DY	INJURY DATE
DZ	CLAIM REFERENCE ID NUMBER
E1	ALTERNATE PRODUCT TYPE
E2	ALTERNATE PRODUCT CODE
E3	INCENTIVE AMOUNT SUBMITTED
E4	DUR CONFLICT CODE
E5	DUR INTERVENTION CODE
E6	DUR OUTCOME CODE
E7	METRIC DECIMAL QUANTITY
E8	OTHER PAYOR DATE
M1	PATIENT NOT COVERED IN THIS AID CATEGORY
M2	RECIPIENT LOCKED IN
M3	HOST PA/MC ERROR
M4	PRESCRIPTION NUMBER/TIME LIMIT EXCEEDED
M5	REQUIRES MANUAL CLAIM
M6	HOST ELIGIBILITY ERROR
M7	HOST DRUG FILE ERROR
M8	HOST PROVIDER FILE ERROR
MZ	ERROR OVERFLOW

8. APPENDIX B – REPORT SAMPLES

Appendix B contains examples of the claims results and status reports used with the Point of Sale system.

8.1 EXAMPLE OF THE PAYABLE CLAIMS REPORT

POS PAYABLES for Prescriptions Released on JAN 29,2001			
JAN 30,2001			
OKLAHOMA MEDICAID Help Desk # (405) 271-6349			
9:14 AM			
Trans. Date	Presc/Fill	\$Billed	Ins.Pd.
JAN 29,2001 Axxxx,Rxxx xxxxxxxxxx	`377813/0	39.92	10.46
ALLOPURINOL 300MG			
Cxxxxxx,Fxxxxxxx x.	`377812/0	14.95	8.36
POTASSIUM CHLORID			
Hxxxx,Rxxxxxx xxx	`377951/0	37.27	33.48
ALBUTEROL METERED			
	`377952/0	35.82	32.18
AEROCHAMBER			
	`377953/0	71.51	64.12
FLUNISOLIDE 250MC			
Oxxxxxxxx,xxxxxxx x	`377960/0	10.12	9.18
ERYTHROMYCIN 250M			
	-----	-----	
SUBTOTAL		209.59	157.78
SUBCOUNT		6	6
SUBMEAN		34.93	26.30
	-----	-----	
TOTAL		209.59	157.78
COUNT		6	6
MEAN		34.93	26.30

Figure 63; Example of the Payable Claims Report

8.2 EXAMPLE OF THE CLAIMS REJECTION REPORT

POS REJECTIONS for Prescriptions Released on JAN 29,2001						JAN 30,2001
OKLAHOMA MEDICAID Help Desk: (405) 271-6349						9:15 AM
PAWHUSKA NCPDP #3717925 Medicaid #90003922788						
Trans. Date/Time		Claim ID	Presc/Fill		NDC Number	
Cardholder ID		Group Number	Qty	\$Billed		
**** Axxxx,Rxxx						
JAN 29,2001	08:27	P01-004402-100130	`361776/4		65197000301	
M184xxx			60	99.61	TRIAMTERENE 100MG CAP	
70:NDC NOT COVERED						
**** Bxxxxxx,Gxxxxxx						
JAN 29,2001	14:47	P01-004402-100133	`377937/0		00026851351	
M022xxx			20	94.78	CIPROFLOXACIN 500MG TABLE	
76:PLAN LIMITATIONS EXCEEDED						
JAN 29,2001	15:04	P01-004402-100134	`377943/0		00597008214	
M022xxx			14	43.37	IPRATROPIUM BROMIDE INHAL	
76:PLAN LIMITATIONS EXCEEDED						
JAN 29,2001	15:04	P01-004402-100134	`377942/0		00597007017	
M022xxx			14	31.07	METAPROTERENOL INHALER	
76:PLAN LIMITATIONS EXCEEDED						
JAN 29,2001	14:47	P01-004402-100133	`377938/0		00009016502	
M022xxx			13	5.47	PREDNISONE 20MG TAB	
76:PLAN LIMITATIONS EXCEEDED						

TOTAL			274.30			
COUNT			5			
MEAN			54.86			
PAPER CLAIMS for Prescriptions Released on JAN 29,2001						JAN 30,2001
AETNA US HEALTHCARE BENEFITS						9:15 AM
Trans. Date		Presc/Fill		\$Billed		
***** AETNA US HEALTHCARE BENEFITS						
JAN 29,2001	Bxxxxxxxxxx,Bxxxxxxxx	`377930/0	14.46	AMOXICILLIN 250MG CAPSULE		

SUBTOTAL			14.46			
***** BC/BS OKLA/FEDERAL						
Fxxx,Pxxxxx		xxxxx	`377885/0	60.45	FOSINOPRIL 10MG TABLETS	
			`377886/0	12.30	ROSIGLITAZONE MALEATE 4MG	
Oxxxxxx,Dxxxxxx		Mxxx	`377882/0	6.56	COTRIMOXAZOLE DS	
			`377883/0	9.91	PHENAZOPYRIDINE 100MG TAB	
			`377884/0	187.31	ATORVASTATIN 20MG TABLET	

SUBTOTAL			276.53			
SUBCOUNT			5			
SUBMEAN			55.31			
TOTAL			1678.93			
COUNT			41			
MEAN			40.95			

Figure 64; Example of Claims Rejection Report

8.3 RECENT TRANSACTIONS REPORT

RECENT POINT OF SALE ACTIVITY			DEC 7, 2000	12:38	PAGE 1
ENTRY #	PATIENT	DRUG	RESULT	COMPLETED	TIME

DEC 7, 2000					
372878.00011	XXXXXXXX,XXXXX X	RANITIDINE 1	E REVERSAL ACCE	12:35 PM	25
374474.00001	XXXXX,XXXXXXXX X	IBUPROFEN 40	PAPER	12:28 PM	3
374469.00001	XXXXXXXXXXXXX,XXX	APAP WITH CO	E PAYABLE	11:33 AM	59
357267.00041	XXXXXX,XXXXXX X	SIMVASTATIN	E REVERSAL ACCE	9:39 AM	26
357267.00041	XXXXXX,XXXXXX X	SIMVASTATIN	E PAYABLE	9:30 AM	49
372874.00001	XXXXXXXX,XXXXX X	TEMAZEPAM 15	E REJECTED	8:44 AM	51
365302.00021	XXXX,XXXXX X	ASPIRIN 325M	PAPER	8:44 AM	1

Figure 65; Example of the Recent Transactions Report

9. APPENDIX C – EOB SAMPLES

Appendix C contains examples of Explanation of Benefits (EOBs) sent by insurers in response to Point of Sale Claims.

1		EOB CHECK					
11/24/00		11/24/00		MEDICAID		1521.14	
				PAWHUSKA INDIAN		1521.14	
SUBTOTAL						-----	
						1521.14	
TOTAL						-----	
						1521.14	
DATE:		24 NOV 2000		COLLECTIONS REPORT -- FINAL		SUMMARY	
Collections listed above for Batch: MEDICAID-11/24/2000-1							
totaling: 1521.14 are transmitted herewith for appropriate action.							
BEAVER, MARY							
BUSINESS OFFICE							
PAWHUSKA INDIAN HEALTH CENTER							
RECEIPT FOR \$				IS HEREBY ACKNOWLEDGED.			
FINANCIAL MANAGEMENT							

Figure 66; Example of Explanation of Benefits from Oklahoma Medicaid

KMM2790 12790R04 S OF 11/10/00		STATE OF OKLAHOMA MEDICAID MANAGEMENT INFORMATION SYSTEM		PAGE 3 RUN DATE 11/10/00 C-PAGE 98,218			
REMITTANCE STATEMENT FOR							
USPHS INDIAN HLTH. SERVICE (PAY-TO-PROVIDER NO 90063922788)							
DBA PAWHUSKA HEALTH CENTER							
3625 NW 56 STREET							
OKLAHOMA CITY OK 73112							
CATEGORY OF SERVICE - PRESCRIBED DRUGS (FEE FOR SERVICE)							
VOUCHER NUMBER 00057104559		***** * C L A I M S P A I D * *****		WARRANT NUMBER 0000229137			
				ISSUE DATE 11/15/00			
RECIPIENT NAME	STATE ID NUMBER	DATE OF SERVICE	PRESCRIPTION NUMBER	NDC	METRIC QUANTITY	TRANSACTION CONTROL NUMBER	PROVIDER OF SERVICES NUMBER
██████████	H606109	04 11/07/00	0372471	53014053007	68.00	00312-981-0005986-32	90003922788
	SUBMITTED TOTAL CHARGES	ALLOWED AMOUNT	CO-PAY AMOUNT	INSURANCE PAYMENT	PAYMENT	CLAIM PAYMENT AMOUNT	PAYMENT EXPLANATION ERROR CODES:
	\$36.77	\$30.38	\$0.00	\$0.00	\$0.00	\$30.38	DRUG CHARGE REDUCED TO STATE MAC
							RECOUP AMT \$0.00 WARRANT AMT \$30.38
RECIPIENT NAME	STATE ID NUMBER	DATE OF SERVICE	PRESCRIPTION NUMBER	NDC	METRIC QUANTITY	TRANSACTION CONTROL NUMBER	PROVIDER OF SERVICES NUMBER
██████████	D069983	02 11/07/00	0361205	0006073561	60.00	00312-981-0003240-02	90003922788
	SUBMITTED TOTAL CHARGES	ALLOWED AMOUNT	CO-PAY AMOUNT	INSURANCE PAYMENT	PAYMENT	CLAIM PAYMENT AMOUNT	PAYMENT EXPLANATION ERROR CODES:
	\$141.28	\$126.56	\$0.00	\$0.00	\$0.00	\$126.56	DRUG CHARGE REDUCED TO ALLOWABLE
							RECOUP AMT \$0.00 WARRANT AMT \$126.56
RECIPIENT NAME	STATE ID NUMBER	DATE OF SERVICE	PRESCRIPTION NUMBER	NDC	METRIC QUANTITY	TRANSACTION CONTROL NUMBER	PROVIDER OF SERVICES NUMBER
██████████	D069983	02 11/07/00	0361208	00162183411	60.00	00312-981-0003240-03	90003922788
	SUBMITTED TOTAL CHARGES	ALLOWED AMOUNT	CO-PAY AMOUNT	INSURANCE PAYMENT	PAYMENT	CLAIM PAYMENT AMOUNT	PAYMENT EXPLANATION ERROR CODES:
	\$149.10	\$144.60	\$0.00	\$0.00	\$0.00	\$144.60	DRUG CHARGE REDUCED TO ALLOWABLE
							RECOUP AMT \$0.00 WARRANT AMT \$144.60

Figure 67; Example of Explanation of Benefits from Oklahoma Medicaid Continued

SANTA FE INDIAN HOSPITAL SANTA FE INDIAN HOSPITAL 1700 CERRILLOS ROAD SANTA FE NM 87505 PROVIDER NO:000083759 CLAIM TYPE 17 - DRUG ADJUDICATED CLAIMS				NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM HUMAN SERVICES DEPARTMENT REMITTANCE ADVICE				REMITT REMIT RPT	
DATE	RX-NUMBER POS RX NO	RECIPIENT ID REFILL BRAND	RECIPIENT NAME PRESG-PHYS MDC	ALLMO-QTY	ICN BILLED	ALLOWED + TAX AMOUNT	TP1	PAYMEN	
09/18/00	902679 9026790	0000058509	000000000 00364077502 EOB CODES: 204 121 013	1.00	0322000100101 5.07	0.00	0.00	0.	
EOB: 204	121 013								
09/18/00	902688 9026880	0000058509	000000000 00169183711 EOB CODES: 204 121 013	12.00	0322000100201 35.23	0.00	0.00	0.	
EOB: 204	121 013								
09/18/00	902689 9026890	0000058509	000000000 00054429931 EOB CODES: 204 121 013	30.00	0322000100301 6.45	0.00	0.00	0.	
EOB: 204	121 013								
09/18/00	902691 9026910	0000058509	000000000 59772691002 EOB CODES: 204 121 013	120.00	0322000100401 34.64	0.00	0.00	0.	
EOB: 204	121 013								
09/28/00	905971 9059710	0000052560	000000000 55953034480 EOB CODES: 121	60.00	0322000100501 43.16	0.00	0.00	0.	
EOB: 121									
09/28/00	905974 9059740	0000052560	000000000 00087606010 EOB CODES: 121	30.00	0322000100601 26.28	0.00	0.00	0.	
EOB: 121									
09/28/00	905976 9059760	0000052560	000000000 50926037350	50.00	0322000100701 48.95	0.00	0.00	0.	

Figure 68; Example of Explanation of Benefits from New Mexico Medicaid All Transactions Denied

SANTA FE INDIAN HOSPITAL SANTA FE INDIAN HOSPITAL 1700 CERRILLOS ROAD SANTA FE NM 87505 PROVIDER NO:000083759	NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM HUMAN SERVICES DEPARTMENT REMITTANCE ADVICE	DATE: 12/04/00 REMITTANCE: 1433370 REMIT SEQ: 1 PAGE: 3 RPT PAGE: 403
EOB CODE	EOB DESCRIPTION	
013	PROVIDER CANNOT BILL SERVICE/BILL TYPE	
121	PRESCRIBER MEDICAID ID NOT SUPPLIED	
204	PROVIDER NOT ELIGIBLE ON DOS	
232	PRDG, DRUG, OR REVENUE CODE NOT ON FILE OR TOS INVALID FOR PRDG	

Figure 69; Example of Explanation of Benefits from New Mexico Medicaid Continued, All Transactions Denied

SANTA FE INDIAN HOSPITAL SANTA FE INDIAN HOSPITAL 1700 CERRILLOS ROAD			NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM HUMAN SERVICES DEPARTMENT REMITTANCE ADVISE REMITTANCE SUMMARY				DATE: 12/04/00 REMITTANCE: 1433370 REMIT SEQ: 1 LAST REMITTANCE NO: 0 LAST REMIT DATE: 00/00/00 RPT PAGE: 404	
PROVIDER NO:000083759								
CLAIM TRANSACTIONS:			FINANCIAL TRANSACTIONS:					
	CLAIM LINES	AMOUNT	ACCOUNT	PRIOR BALANCE	CYCLE INCREASE	CYCLE DECREASE	NET CYCLE	FORWARD BALANCE
ORIGINALS	0	\$0.00	RECEIVABLES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DEBIT ADJUSTMENTS	0	\$0.00	VOIDED/REFUND CHECKS:					
CREDIT ADJUSTMENTS	0	\$0.00	VOIDED CHKS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VOIDED CLAIMS	0	\$0.00	REFUND CHKS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NET APPROVED CLAIMS	0	\$0.00	NET CHECKS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
RIDS	0		NEW TRANSACTIONS:					
PENDED	0		PAYOUTS					
DENIED	7							
NET CLAIM TRANSACTIONS:					\$0.00			
PAYOUTS:					\$0.00			
REFUND/VOID ADJUSTMENTS:					\$0.00			
RECEIVABLE RECURRENT: (-)					\$0.00			
REMITTANCE CYCLE TOTAL:					\$0.00			
* THERE WAS NO PAYMENT DUE THE PROVIDER FOR THIS REMITTANCE CYCLE								
YEAR-TO-DATE TOTAL PAID (1099):					\$0.00			
YEAR-TO-DATE CLAIMS COUNT:					0			

Figure 70; Example of Explanation of Benefits from New Mexico Medicaid Continued, All Transactions Denied

SANTA FE INDIAN HOSPITAL SANTA FE INDIAN HOSPITAL 1700 CERRILLOS ROAD SANTA FE NM 87505 PROVIDER NO:000083759 CLAIM TYPE 17 - DRUG ADJUDICATED CLAIMS			NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM HUMAN SERVICES DEPARTMENT REMITTANCE ADVISE				DATE: 01/15/01 REMITTANCE: 1446529 REMIT SEQ: 2 PAGE: 2 RPT PAGE: 356			
DATE	RX-NUMBER POS RX NO	RECIPIENT ID REFILL BRAND	RECIPIENT NAME PRES-C-PRVS	ALLWD-QTY	ICR BILLED	ALLOWED + TAX AMOUNT	TPL	PAYMENT	EOB	STATUS
01/09/01	0936327	0000094239	1917 [REDACTED]	1011803764	401	30.00	6.12	0.00	0.00	861 DENY
EOB: 861	0936327	N N	0000H1232 49502083003							
01/09/01	0936384	0000034052	7719 [REDACTED]	1011800312	601	30.00	10.27	7.07	0.00	800 PAID
EOB: 800	0936384	N N	0000H1232 00093015010							
01/03/01	0934183	0000064812	9846 [REDACTED]	1011803553	201	120.00	8.27	6.52	0.00	000 PAID
EOB: 000	0934183	N N	0000H1232 00029600922							
01/03/01	0934183	0000064812	9846 [REDACTED]	1011803553	401	120.00	8.27	0.00	0.00	791 DENY
EOB: 791	0934183	N N	0000H1232 00029600922							
01/03/01	0934183	0000064812	9846 [REDACTED]	1011803553	501	120.00	8.27	0.00	0.00	791 DENY
EOB: 791	0934183	N N	0000H1232 00029600922							
01/03/01	0934183	0000064812	9846 [REDACTED]	1011803553	601	120.00	8.27	0.00	0.00	791 DENY
EOB: 791	0934183	N N	0000H1232 00029600922							
01/09/01	0936357	0000064820	7753 [REDACTED]	1011803724	901	75.00	12.29	7.83	0.00	000 PAID
EOB: 000	0936357	N N	0000H1232 00047237617							
ADJUDICATED CLAIMS TOTALS: 7 CLAIM LINES					61.76	21.42	0.00	21.42		

Figure 71; Example of New Mexico Medicaid EOB Transactions Paid and Denied

SANTA FE INDIAN HOSPITAL SANTA FE INDIAN HOSPITAL 1700 CERRILLOS ROAD SANTA FE NM 87505 PROVIDER NO:000083759		NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM HUMAN SERVICES DEPARTMENT REMITTANCE ADVICE		DATE: 01/15/01 REMITTANCE: 1446525 REMIT SEQ: 2 PAGE: 3 RPT PAGE: 357
EOB CODE 791 861		EOB DESCRIPTION PHARMACY VS PHARMACY DUPLICATE/SAME PROVIDER SERVICE REQUIRES PA & NO PA NUMBER ON PA FILE		

Figure 72; Example of New Mexico Medicaid EOB Transactions Paid and Denied

SANTO DOMINGO HEALTH CLIN 1700 CERRILLOS ROAD SANTA FE NM 87505		NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM HUMAN SERVICES DEPARTMENT REMITTANCE ADVICE				DATE: 04/09/01 REMITTANCE: 1475007 REMIT SEQ: 12 PAGE: 8 RPT PAGE: 461					
PROVIDER NO:000083725 CLAIM TYPE 17 - DRUG ADJUDICATED CLAIMS											
DATE	RX-NUMBER POS RX NO	RECIPIENT ID REFILL BRAND	RECIPIENT NAME PRESC-PHYS	NDC	ALLWD-QTY ICN	BILLED	ALLOWED + TAX AMOUNT	TPL	PAYMENT	EOB	STATUS
04/04/01 EOB:	0967426 0967663	N N	0000H1232	00009738502	20.00	5.78	5.28	0.00	5.28	000	PAID
04/05/01 EOB:	0967663 0968036	N N	0000H1232	00045019204	120.00	8.65	8.65	0.00	8.65	000	PAID
04/05/01 EOB:	0968036 0968037	N N	0000H1232	00029600922	1095803635301	150.00	9.34	7.15	7.15	000	PAID
04/05/01 EOB:	0968037 0968038	N N	0000H1232	00045019204	120.00	8.65	8.65	0.00	8.65	000	PAID
04/05/01 EOB:	0968038 0968039	N N	0000H1232	00536077097	120.00	7.31	4.96	0.00	4.96	000	PAID
04/05/01 EOB:	0968039 0968421	N N	0000H1232	49502069733	180.00	67.52	23.25	0.00	23.25	000	PAID
04/06/01 EOB:	0968421 0968425	N N	0000H1232	00364721256	1096803476001	30.00	6.19	4.89	4.89	000	PAID
04/06/01 EOB:	0968425 0968431	N N	0000H1232	00045019204	120.00	8.65	8.65	0.00	8.65	000	PAID
04/06/01 EOB:	0968431 0966620	N N	0000H1232	00074715653	1096803476201	150.00	20.29	20.29	20.29	000	PAID
04/02/01 EOB:	0966620 0967494	N N	0000H1232	00536300094	1092801362901	15.00	6.22	0.00	6.22	000	PAID
04/04/01	0967494	N N	0000H1232	00536077097	1094803473401	120.00	7.31	4.96	4.96	000	PAID

Figure 73; Example of New Mexico Medicaid EOB Transactions Paid

10. APPENDIX D - CONFIGURATION SURVEY

Complete the *Configuration Survey* once the agreements with the insurance companies and the purchase order to WebMD (Envoy) are complete. Survey responses provide the implementation team with guidelines to install the POS software and to implement site-specific business needs.

10.1 SOFTWARE REQUIREMENTS

- a) Kernel V. 8.0 or higher
- b) FileMan V. 21 or higher
- c) IHS Patient Dictionaries (AUPN) V 99.1
- d) Pharmacy V. 6.0, including patch 03 or higher
- e) IHS Dictionary (Pointers) (AUT) V 98.10, including patch 08
- f) *Third Party Billing V. 2.4, including patch 05
- g) *Accounts Receivable V 1.5, including patch 01
- h) *Accounts Receivable V 1.3 patch 02 (must be installed following the installation of V 1.5)

*These starred requirements only apply to sites using the RPMS Third Party Billing or Accounts Receivable software. If the site is using a COTS Third Party Billing and/or Accounts Receivable package, disregard the respective RPMS requirement.

Refer to the technical manual for instructions on estimating the disk space required by the Point of Sale software.

10.2 REGISTRATION REQUIREMENTS

In order for POS to achieve its maximum potential, registration data in RPMS must be current. Rejections and delays in correct billing may occur if coverage has lapsed and no update has been made to patient's insurance data. Pay special attention to the following registration categories.

- Demographics
- Group Insurance Data
- Worker's Compensation Information
- Accident Information

10.3 DETERMINING WHICH INSURERS WILL BE SENT ELECTRONIC CLAIMS

The following three steps will help you develop a list of insurers to be your first POS target group. Much of your POS system configuration is determined by which insurers you will send electronic claims.

10.3.1 Step 1: Review the List of Electronic Claims Formats

The first step is to become familiar with the list of electronic claim formats. You can only do this if you have the Point of Sale software package installed.

1. Select the **Reports Menu**.
2. Select **Other Reports Menu**.
3. Select **FMT** option. (See Figure 74)

```
*****
*          PHARMACY POINT OF SALE V1.22          *
*          MT EDGE CUMBE HOSPITAL                *
*   Pharmacy electronic claims reports            *
*****

CLA      Claim results and status ...
SET      Setup (Configuration) reports ...
SURV     Surveys of RPMS database ...
OTH      Other reports ...
```

Figure 74; Reports Menu

4. Select **Pharmacy Electronic Claims Reports Option: OTH Other Reports**.
5. Select **FMT List Electronic Claims Formats**.
6. Select **Other Reports Option: FMT List Electronic Claims Formats**. The report shows the available formats and whether they are in production status, development phase, or testing phase. (See Figure 75 for an example of the report.)

PHARMACY ELECTRONIC CLAIMS FORMATS			NOV 28,2000 10:16		PAGE 1
Envoy Plan					
Format	BIN	Number	Help	Telephone	#

Production/Testing Status: PRODUCTION					
ALASKA MEDICAID	002286				
BC/BS OF AZ	603017	5772	(800)	325-1810	
OKLAHOMA MEDICAID	004402	2763	(405)	522-7300	
PCS	610415	1	(800)	345-5413	
Production/Testing Status: DEVELOPMENT					
NEW MEXICO MEDICAID	610084		(800)	365-4944	
PROVANTAGE	600685		(800)	784-0881; (414)	784-4600
Production/Testing Status: FIELD TESTING					
PAID PRESCRIPTIONS	610014	11	(800)	922-1557	
Press ENTER to continue:					

Figure 75; Pharmacy Electronic Claims Formats Report

****IMPORTANT: More formats have been added since this example was made. Run the report at your site to get the most up-to-date list. Don't rely on the example.****

10.3.2 Step 2: Decide Which Insurance(s) to Set-up First.

Determine which insurance companies to set up. Before you can set up insurance companies to receive electronic claims, you must have the required pharmacy agreements in place.

1. Determine which insurance companies to set up to receive electronic claims.
2. Complete any necessary agreements between yourself and the insurance companies.
3. Mark the insurance companies for electronic claims in the Point of Sales program. (See Manager Menu, Section 3.2, for step-by-step instructions.)

10.3.3 Step 3: Add Additional Insurers after Go Live

You can add insurers anytime after the Point of Sale setup has been completed.

1. Use the Insurance Survey program as described in the Reports Menu, Section 5.2, to see which insurers are most common.
2. Use the setup program to configure the insurer for electronic claims.

10.4 SURVEY QUESTIONS

Complete this portion of the Configuration Survey as follows:

- Answer questions by selecting the appropriate answer.
- The implementation team will use the completed survey as a guideline when installing the POS software.

1. How is data entered into the Point of Sale system? (Check one of the following.)

☐

Scanning bar codes.

When the drugs are dispensed, pharmacy personnel scan the bar-coded labels of the prescription and the bottle. (Keyboard entry can also be done.)

☐

Pharmacy package calls Point of Sale.

The RPMS pharmacy package is configured to automatically request the Point of Sale program to send claims and claim reversals as necessary. (The latest pharmacy package update with appropriate modifications is required to use this option.)

☐

Point of Sale monitors pharmacy activity.

The Point of Sale program will scan the prescription file for new activity and automatically submit claims and claim reversals. (This is being phased out in favor of Pharmacy Package calls Point of Sale. Use it only if the new pharmacy package is not available or if other considerations prevent installation of the new pharmacy package. Be advised that the NRV report must be run periodically to identify claims which need to be reversed.

2. Provide the following insurance information.

- a. Arrange the following insurance types in order of coordination of benefits, starting with choice for primary insurance. (Rank highest to lowest; 1 being the highest and 4 being the lowest.)

_____	Medicaid
_____	Medicare
_____	Private insurance
_____	Railroad Retirement

- b. List insurers that should always be primary, regardless of other coverage.

_____	_____
_____	_____

- c. Sort private insurers. Review the list of order of insurance rules in the Manager Manual. List the rules that apply to your site in the order which the rules should be applied.

1. _____	3. _____
2. _____	4. _____

3. List all insurers set to “no bill” in the RPMS Insurance File.

- a. Dental insurers: Do not list dental insurers here. Mark all DENTAL insurances’ RX BILLING STATUS field to UNBILLABLE.
- b. List other insurers set to “no bill.” Verify that their RX BILLING STATUS is set to UNBILLABLE.

_____	_____
-------	-------

- c. List insurers that are Worker’s Compensation only.

_____	_____
_____	_____
_____	_____
_____	_____

4. Provide the following information on your current Accounts Receivable System Package.

a. Does your site use the RPMS 3rd Party Billing/Accounts Receivable interface? Yes ☐ No ☐

b. What is the RPMS 3rd Party Billing version number? _____

▪ What is the version number?

c. Does your site use another accounts receivable system? Yes ☐ No ☐

▪ If yes, explain. (Consult with development if interface is needed.)

5. Will your site use a T1 connection direct to WebMD (Envoy)? If “Yes”, skip to question 6. If “No”, provide the following information about your modem configuration: Yes ☐ No ☐

▪ MSM device number of directly connected modem from SYSGEN, if applicable: _____

▪ Special dialing to reach an outside line: _____

▪ Other phone system requirements affecting modem usage: _____

6. Pricing Tables Set-up.

a. Which file and field contains the correct unit price? Check one.

☐ Pharmacy package, PRESCRIPTION file, AWP field, (only select this if your site has the Pharmacy package modification which supports Pharmacy-to-POS direct interface).

☐ AWP-MED TRANSACTION file's AWP field.

☐ Other

- If other, explain.

b. List your site's standard pricing formula?
(Example: 100% of AWP + dispensing fee)

c. What is your standard dispensing fee?

- d. List special cases of different dispensing fees for certain insurers.

Insurer	Dispensing Fee

- e. List any special cases of different pricing formulas for certain insurers.

Insurer	Pricing Formula

- f. Does your site have any different pricing policy for uninsured non-beneficiaries? _____

- g. Does your site use AWP monthly updates? _____

7. For each pharmacy associated with your site, complete the information in the table below. (Include all pharmacies that use the RPMS Pharmacy package on your system. For additional pharmacies, please copy and attach a second table.)

Pharmacies:					
Outpatient Sites: (for this pharmacy)					
NCPDP Number:					
WebMD (Envoy) Terminal ID Number:					
Pharmacy Medicaid Number:					
Default Provider Medicaid Number:					
Default DEA Number:					
Special Insurer Assigned Number:					

8. Should over-the-counter drugs be marked as billable system-wide? **Yes** ☐ **No** ☐
- a. If yes, list any insurer-specific exceptions of over-the-counter drugs that are billable. Give the NDC number if possible, or describe the rule in terms of the drug name otherwise.
- _____
- b. List any non-OTC drugs that should be marked as non-billable system wide? Give the NDC numbers if possible, or describe the rule in terms of the drug name.
- _____
- c. Describe insure-specific exceptions:
- Describe any situations where a drug that is marked as unbillable should be considered billable for a particular insurer.

 - Describe any situations where a billable drug should be considered as unbillable for a particular insurers.

11. APPENDIX E - SPECIAL NOTES FOR OPERATION OF THE BACKGROUND SCAN OF THE PRESCRIPTION FILE

The background scan of the prescription file is a temporary method of input being used at some sites. The modified pharmacy package that directly calls Point of Sale is preferred.

Here are the basics of managing the background scan process.

- After installing Point of Sale, start the background scanning job
- After system down time, start the background scanning job
- Before installing Point of Sale patches or updates, stop the background scanning job. Remember to start it again when the installation completes.

There is a status check program. If the status has a "?," such as "RUNNING?," then a system error has occurred. You should stopping and restarting the background scanning job.

There is no harm in starting the background scanning job multiple times. A duplicate job will detect that another such job is already running and stop quietly.

Review the following examples in Figures 76 thru 79.

```
STAR   Start Pharmacy POS background scan
STOP   Stop Pharmacy POS background scan
STAT   Status of Pharmacy POS background scan
LOG    Print log file of Pharmacy POS background scan

Select Pharmacy POS background scan Option: STAT  Status of
Pharmacy POS background scan
Status of POS background job: RUNNING

ABSPOSR1 CURRENT JOB: 56
ABSPOSR1 LAST DATETIME: FEB 02, 2001@03:59:04
ABSPOSR1 STOP SIGNAL: RUNNING          ABSPOSR1 POLLING
INTERVAL: 30
ABSPOSR1 REACH BACK: 30                ABSPOSR1 INDEX FOR
NEW CLAIMS: AL
ABSPOSR1 INDEX FOR REVERSALS: AJ

Press ENTER to continue:
```

Figure 76; Option "STAR" on Background Job Menu

```
STAR   Start Pharmacy POS background scan
STOP   Stop Pharmacy POS background scan
STAT   Status of Pharmacy POS background scan
LOG    Print log file of Pharmacy POS background scan

Select Pharmacy POS background scan Option: STOP Stop
Pharmacy POS background scan
Stopping the background scanner job.....

Press ENTER to continue:
```

Figure 77; Option "STOP" on Background Job Menu

```
STAR   Start Pharmacy POS background scan
STOP   Stop Pharmacy POS background scan
STAT   Status of Pharmacy POS background scan
LOG    Print log file of Pharmacy POS background scan

Select Pharmacy POS background scan Option: STAT Status of
Pharmacy POS background scan
Status of POS background job: STOPPED

ABSPOSR1 CURRENT JOB: 56
ABSPOSR1 LAST DATETIME: FEB 02, 2001@04:00:04
ABSPOSR1 STOP SIGNAL: STOPPED          ABSPOSR1 POLLING
INTERVAL: 30
ABSPOSR1 REACH BACK: 30                ABSPOSR1 INDEX FOR
NEW CLAIMS: AL
ABSPOSR1 INDEX FOR REVERSALS: AJ

Press ENTER to continue:

Select Pharmacy POS background scan Option: STAR Start
Pharmacy POS background scan
The background scanner is now STOPPED
Taskman will start the background scanner job.
```

Figure 78; Option "STAT" on Background Job Menu

```
Select Pharmacy POS background scan Option: LOG  Print log
file of Pharmacy POS
background scan
Print background job's log file

Print log file for what date? // T-1  (FEB 01, 2001)
DEVICE: HOME//
Log file #3010201.3
  0:00:09  FEB 1,2001@00:00:09 58471,9 3010201.000009
3010201.3
      Background claim submitter running as job 23
0:00:39  Polling
0:01:09  Polling
0:01:39  Polling
```

Figure 79; Option “LOG” on Background Job Menu